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THEOLOGY AND COUNSELING

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Both theology and counseling are functions of the Church. Theology, in its doctrine of the Church, tries to give the theoretical foundations both of theology itself and of counseling. Counseling receives its theoretical foundation from theology, and sometimes it is not only in the receiving position but also the giving: the theologian needs counseling—personally and for his theological work.

Let me speak first about the theology of the Church insofar as it has implications for counseling; then about theology and man's predicament insofar as it has implications for counseling; and finally about the counselor and other helpers.

The Implications of the Church's Theology

The Church can be briefly described as the community of the New Being: that community in which the new creature, the new reality, the new aeon, or—most abstractly—the New Being, is actualized. Where

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there is *New* Being, there must be *Old* Being, and the New Being must *do* something to the *Old* Being—not abolish it but transform it, for the Old Being is the being of estrangement from what we, and life generally, essentially are. And what has to be done with this Old Being is reconciliation and transformation.

This reality of the Church between Old and New Being is expressed in all its functions. All functions of the Church have one side according to which they belong to the Old Being, and they have another side according to which they proclaim and actualize the *New* Being. The Church belongs to the state of universal estrangement, but the Church knows about this state, even its own involvement in it, and the Church embodies *New* Being, Reconciled Being, *Re*united Being.

We find this ambiguous situation, which characterizes the Church, in all its functions. We find it in preaching, which has in itself the problem of human self-expression and which, at the same time, is supposed to bear in itself the message of the New Being. We have it in the cult, which is a creation of human decision and which, at the same time, is supposed to embody the great expressions of the New Reality in which we can participate. We have it in social and individual ethics, which are dependent on the social and psychological situation of human beings, our insights into them, and our participation in them, and which at the same time are supposed to give answers. We have it in missions—missions at home and missions towards other religions—where we bring our own religious culture, which is in the same estrangement and judgment as the other religious cultures. But at the same time, in this human vessel and in these estranged forms, which are *our own* religious culture, we are supposed to bring something which has *judged and transformed* our own religious culture. This is the ambiguity of religious life; it is the ambiguity of the Church and all its functions.

And let's be very honest about it, since most of those who are here this afternoon are leaders of churches: it is not only the fact that the churches are finite—which means that they have short-comings, errors, and failures—but there is more involved in the ambiguity of the Churches: they also are in the predicament of mankind as a whole. And this predicament includes pride, self-elevation, arrogance; it includes will to power, it includes desire for undue self-realization, and it even includes *"unbelief,"* which does not mean lack of belief in some doctrines but rather separation from God, turning away from Him. All this is also true of the two functions of the Church about which I am supposed to speak here: theology and pastoral counseling. They also are in finitude and error, in estrangement and lack of spiritual power.

But a second thing must be said. Very often the Church is in danger of considering itself the subject, and others the object, of its actions. But all functions of the Church are directed not only towards others but also towards the Church itself. Not only are the functions of the Church

directed towards the Church itself—its members, its leaders, and its institutions—but also towards the Church are directed the spiritual functions of men not living within the community of the Church. The Church is not only the subject, dealing with man's cultural and spiritual functions, but is also the object of them. The Church is always subject and object at the same time. It is preached to and preaches. It *receives* the ethical problems and preliminary solutions. It *receives* political structures. It becomes *object* as much as subject in all these respects. And now again, applying it to our subject: the Church also receives theological methods and forms of procedure, and not only does the Church counsel but it *is* counseled. It *is* counseled not only in all of its counselors but also in its leadership, in the deciding groups in it, in its totality.

Let me immediately derive from this a very important point for all counseling. Never feel you are just the subject having objects whom you counsel. Whenever this happens, the act of counseling is humiliating for the one counseled. But always act—and not only act: *feel,* in the depths of your own being—as though you participated in an act of communion with those whom you counsel. Tell them sometimes (not always, and not as an external law) that you are in the same predicament as they are. *Confess,* if you want *them* to confess. Don't be one-sided in the subject-object relationship into which counseling can easily fall. If this is true of the Church as a whole, if this mutuality is needed with respect to all cultural functions, then it is certainly needed with respect to all individual functions, and especially to the most *personal* function, which we call counseling.

On the other hand, all this reduction of ecclesiastical arrogance of which I spoke earlier does *not* mean that the Church cannot claim to have a unique message, a message of something which has happened, namely the manifestation *within history* of that which judges and transforms and may fulfill history.

Now we must live in this tension. And I think it is an extreme temptation for ministers who in all ecclesiastical functions are accustomed to being the leaders, to make themselves into subjects over against the objects of their activities. Actually they are neither, but they are those who express something under which both the subject and the object, the leader and the layman, the counselor and the counseled, stand. And perhaps every minister should counsel himself in this respect and ask himself whether he has fallen into this distortion of his function.

Who is supposed to engage in this act of pastoral counseling? In principle every Christian, according to the law of the universal priesthood of every Christian, a most precious heritage of the Reformation.

Now this possibility is not always actual, but it is very often so. And if it is actual, something is fulfilled which is the ultimate solution of the great problem with which we are dealing, namely, the personal union of the

pastoral counselor and any other helper. But in order to reach this, we must first, as always, have a clear, well-defined distinction of functions.

In terms of definition, pastoral counseling must be clearly and sharply distinguished from helping in all other respects. The function of the minister is different from the function of him who helps the body, or the social situation, or the psychological disease. This difference must not be blurred by a mixture of the functions. Counseling is an act which is a part of a larger activity, namely, pastoral care. Pastoral care, in the name of the Church, deals with its members individually. It does so in terms of consolation, of encouragement, of teaching, of technically good advice.

Counseling is another element in the same reality. It deals with special forms of psychological disturbances and human relationships in which these disturbances occur. And pastoral counseling deals with them in relation to an *ultimate* concern and not in relation to preliminary concerns, as for instance social and psychological and bodily health. This is the difference between the kinds of functions. Wherever a minister gives counsel, he should do it in the light of the eternal. And he never should do it simply as a substitute for a physician or social worker or psychoanalyst, or whatever other help exists. He should be aware that *functionally* he represents the church, that he represents the New Being, *in spite* of its ambiguity, and that this representation makes him perform a function different from the others. The ideal is the universal priesthood and therefore the possibility that *every* helper also helps in the light of the eternal. But this ideal cannot be reached at all if one tries to reach it by confusion of the functions.

The Theological Implications of Man's Predicament

Now I come to the second step of my consideration, namely the theology of man's predicament and the function of counseling in relation to this predicament. I have already said that the Church participates in the ambiguity of the human situation. Man, as created, is good. Being as being is good. This we must maintain against ancient and *modern* manichaeism (and the newer manichaeism often appears in the attire of naturalism and existentialism). But on the other hand, man's existence is an estranged existence; it is distorted; it is *not* in its essence—and this we must maintain against idealism, moralism, progressivism, old and new, and especially new.

If this is the human situation, if man has a *predicament* which can be described as estrangement from his essential being, if it can be described as "man against himself" (Menninger) or in terms of "no exit" (Sartre), then the question is, "What has counseling to do in this situation?" Let me bring it together under three terms: Judgment, acceptance, and transformation.

Judgment means honestly facing the reality of man's estranged predicament. Acceptance means accepting the other one and oneself in the name

of Him who accepts us *both*. Transformation means participating, together with those whom we counsel, in the power of the New Reality, which is the reality of love. These three things are the characteristics of counseling in the name of the New Being.

Man is finite. He comes from nothing and goes to nothing. And the awareness of his finitude is anxiety. He stands under the bewildering power of temporality which forces him every moment to realize that this moment already has vanished and will never return. He is tied to the law of transitoriness, and he is aware of this in the anxiety of having to die, in the horror of being no more.

Now how does this three-fold analysis apply? Judgment towards finitude means facing it, not jumping over it, not even with the cheap consolation of endless continuation of life after death. This is a distorted, not even Platonic, and certainly not Christian, consolation of those who have lost the meaning of eternity.

Accepting the situation of being finite; *judging* ourselves as finite; and then bringing people into the situation in which we accept their anxiety about this state and help them to accept it themselves: we can do nothing else. Counseling in which we would say, "Oh, your sickness is not so bad, there is very little danger of your dying"—this or the other consolation of which I spoke does not mean acceptance. Acceptance means the courage to face our real situation. And acceptance of the other one means accepting his anxiety and not trying to minimize it, to deny it, to bully him into beliefs in order to overcome his anxiety—beliefs which in any case would not be able to do this.

The question remains, "In what power can we do this?" We can do it only in the power of that which transcends finitude: in the power of the eternal, which is just the opposite of endless continuation of the finite. And in doing so, we may have the grace that *both* of us, counseled and counselor, might in a great moment be grasped by the presence of the eternal and *both* of us be enabled to accept *courageously* the true judgment that we are finite. And if this happens, then a transformation into the eternal has taken place.

I could apply this to other forms of finitude, such as loneliness, illness, accidents, insecurity, weakness, and error. They all belong to our finitude and must be judged as concomitants of our finitude, which we cannot deny in their reality but which we are able to accept. In every special case you yourselves are educated enough theologically, and humanly, to give the special answer, in the light of the eternal; an answer which is not cheap consolation, nor an admonition to believe something unbelievable, but to accept finitude in the light of the eternal to which we belong.

The human predicament also involves the fact of being guilty, the threat of that despair which is connected with the questions of guilt. Here

also the first thing is judgment. And I say this with a special emphasis because counselors and analysts are often accused of being lenient, permissive, letting people do what they want, lacking in the power of judgment. *This is not helpful at all.* The negative must be honestly faced as negative.

But then immediately we come to the second point, namely, acceptance. But all acceptance is an acceptance "in spite of," otherwise it doesn't do justice to the actual feeling of guilt. This is the feeling of an estrangement which is tragic but also responsible, which is unavoidable and universal, but at the same time everyone's responsibility. Perhaps the most profound work of the counselor is to help the other one to accept himself in the situation of guilt. This *cannot* be done by suspending judgment, but it can by no means be done at all by continuing and strengthening moral demands. If you do *this,* you are under the judgment of every good analyst and have forgotten what the Reformers, Augustine and Paul, experienced, namely, that the law condemns and destroys if it is not preceded by forgiveness. There must be acceptance without suspending judgment.

Now this is most difficult in a culture such as ours, especially in Protestant churches such as ours which are thoroughly distorted moralistically, and where the constant danger is that the people who come to you can sin in individual acts about which they have special guilt feelings, and they expect from you a repetition of other laws, or the same laws, which will serve to deepen their guilt feeling. The deepest guilt feeling always comes from the message of grace, *not* from the proclamation of the law. Here analysis and pastoral counseling are in agreement.

This act of acceptance, because it is an act of reunion (or love, which is the reunion of the separated) is at the same time transformation. One can transform *only* through acceptance, *never* through commands!

It is not the counselor as an *individual,* who really accepts—that is what I always tell my psychoanalytic friends: "Who are *you* to *accept* somebody?" But you can accept somebody if you realize that you both equally are accepted, so that the power of acceptance works through you and through him. And it is not you alone who accepts, you a questionable human being, who perhaps needs counseling and analysis as much as your patient does. You both stand in the need of acceptance-*in-spite-of ! !* When this is realized, we have a relationship which in itself has the character of transformation.

A third element of the human predicament is the disturbances, confusions, doubts, and feelings of meaninglessness, of emptiness, of nothingness—"the encounter with nothingness" (Kuhn), as existentialism has been described. Here again the first step is judgment—seeing and facing, as the great existentialists have done, the reality of our nothingness, of our meaninglessness, of the tremendous depths of emptiness, of doubt, of cynicism in our civilization. The Christian counselor should realize that he has great allies in the existentialist literature and art, allies which have had the courage

to see and to express this point of negativity, of meaninglessness, accompanying finitude and guilt. Perhaps this last element is the most important in our present situation. The counselor must realize that the religious symbols he uses in his counseling often are up against grave doubt, questioning, and desperate cynicism, such that they are of no avail.

The first thing is to face the situation of this kind of emptiness and the next is to accept the situation. Now this is most difficult, especially for ministers, because for them the traditional symbols are so much beyond doubt, in many cases. This is the situation with those who have become habitual Christians, whereas for the *best* Christians (if the phrase may be used) doubt is an element of their existence; thus they can participate in the doubt of the others. Then they can accept because they themselves, with their doubt and their emptiness, and their anxiety of meaninglessness, are accepting themselves. This is the second step, *acceptance*. Out of this may come a moment in which an ultimate certainty, beyond any doubt—namely, the certainty of ultimate seriousness—unites the counseled and the counselor. This is the seriousness of facing reality, the seriousness of accepting a distorted, empty and meaningless reality. And it *might* happen that in this point of seriousness the counselor and the one he counsels will find themselves.

A Comparison of Functions

Now I come to a comparison of the functions of the Christian counselor, or pastoral counseling, and helping generally. The basic difference is that the pastoral counselor always speaks under the dimension of the eternal, even if he knows that he himself is judged by this dimension, must be accepted by it, and *might* be transformed—or might not.

The helper, in all other respects, is not necessarily in this relationship. This produces profound problems, both personal and theoretical. The personal problem cannot be easily solved by the distinction of functions. Certainly we must clearly and logically distinguish these two functions. But the question is, "To what extent is that possible?" The minister as counselor cannot escape some medical judgments, as he cannot avoid some social judgments, about the situation of the counselee. Of course he will test them by the physician and by the analyst. Nevertheless the way in which he has them tested by the doctor or analyst is in itself a kind of medical judgment. Now here is an overlapping which cannot be avoided because we *live,* and are not well-ordered according to the structures of symbolic logic.

The physician, the social worker, the psychiatrist, is a human being, and that means that he is not without an ultimate concern, however hidden and suppressed this may be. But an ultimate concern means an ultimate presupposition in the dimension in which the minister speaks directly and performs his function. He may be a naturalist, an existentialist, even an idealist—which is probably the farthest removed from the Christian

attitude—but in any case, he has a hidden ultimate concern and a hidden presupposition. And although, if he is a good psychoanalyst or doctor, he will consciously avoid influencing his patient with his world view, as the minister will avoid influencing his parishioner with respect to medical or psychoanalytic measures, it is not possible to avoid this completely. As to the counselee, we can say that a definitely determined sickness needs medical help in the bodily as in the psychological respect. General disturbances do not demand a doctor—we all have general disturbances almost every day—but a neurotic compulsion, in which we feel that a part of our being has split off from its totality, needs medical attention exactly as does a sick limb of our body. But now the question is, "If this is a good logical distinction, can the two things really be separated? Is it possible, in the medical respect, bodily as well as psychological, to separate special fixed forms of disease from the total process of life and from the total process of personality?"

Now to a certain extent it is possible, otherwise the doctors couldn't exist, and the ministers even less, but this relative distinction never can be a real separation. And here we are in the same trouble in which we were before, in respect to the counselor. He who is sick, for example, he who has definite compulsive symptoms, he who has definite symptoms of bodily organs which do not function in the totality of his life process, certainly should go to the doctor. But, is he not at the same time a totality and *unity?* And here the problem arises.

Now I can only say what I said of judging and accepting. We must judge that this is the situation and face it. And we must accept our human situation as we have it today, as it *is,* and by courageously accepting, we may transform it. This transformation might mean a partial return to something which once upon a time was a reality, namely, the reality of the unity of all helpers in one person and in one function. This ideal, as all such ideals, could not keep itself alive, for the simple reason that special functions develop in their full possibilities only if they are separated. We never would have had medicine if we remained in the situation of the medicine-man, and the same applies to the minister. But isn't there involved, in this idea, a reality which perhaps in *another* way, might be fulfilled? I would not say this if I were not convinced that the real *helper* unites *all* elements of help and that a psychoanalyst is the *greater* the more he can at the same time be a priest, and the priest is the greater the more he can at the same time be a healer. The ancient Church knew about this ideal and had examples of it, and in Jesus, as a symbol of his actions, they are united.

Now this is the ultimate answer. How far this answer is from reality, we don't know, but we can know that it is not completely away and that the very fact of our cooperation in meetings like this, and in many other forms similar to this, is an indication that we at least have come to the point of judging our situation—and if we do this courageously, then acceptance and transformation might follow.

THE CHURCH'S RELATIONSHIP TO SOCIAL SERVICE STUDENTS

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The purpose of this article is to discuss some of the elements entering into the relationship of the established Church to students receiving professional training in schools of social work. In my discussion I wish to proceed on two premises: (1) That most social work students come to their professional training with a deep sense of spiritual values. (2) That the kind of contact the student has with the Church at this crucial time may determine whether the spiritual values he defines for himself are within or without the structure of the Church.

Young people of 1953 are often characterized as realistic (and sometimes as materialistic)—and so they are. Indeed, their realism extends to recognition that the essence of living is to be found in feeling and in the values set up in life. Their materialism demands that thinking and action in the objective world be in harmony with feeling. One has only to talk with college and university young people to recognize their concern for and search for spiritual values. Sometimes it is a confused search—but the reaching-out is there. Whether the values of the Christian Church can enter into their thinking and building will be influenced by their relationship to the Church during their years of exacting study and professional growth.

There are exceptions, of course, but in general our university men and women are not embittered advocates of materialism. Rather they are eager and realistic young people searching for a way of life. Often beneath exteriors of confidence and sophistication one finds great vulnerability in the areas of feeling and of the spirit. Interestingly enough, some of the spiritual values they have absorbed within themselves, although Christian, may not be recognized as related to religious precepts. (Perhaps one of the glories of our religion is that it works as a leaven in areas of human relationship where it is unknown by name and unidentified as religion, but where its power is unimpaired by its namelessness.)

A paper presented at a meeting of the Church Conference on Social Work held during the meeting of the National Conference of Social Work in Cleveland in 1953. Originally reproduced in mimeographed form, it is published with permission of Miss Cox and the Department of Social Welfare, Division of Christian Life and Work, National Council of the Churches of Christ in the U. S. A.

When one examines the basic principles underlying the practice of social work, their kinship with Biblical precepts is apparent. Those who follow the Church and those who practice social work share in the effort to put into operation such concepts as the dignity and worth of the individual, and the power for growth within him; the right of all people to freedom to choose and grow in their own way, at their own pace; the responsibilities which accompany freedom; family life as a basis for the good life; the value in relationships and the individual's need for acceptance; the motivation of behavior from within the individual; the concern of human life with spiritual, social, personal, and material needs; the relatedness of all life and all institutions.

While spiritual values form the basis for social work, the fact that most schools of social work do not emphasize religious precepts per se is appropriate, since most schools of social work are non-sectarian in structure. It remains for the Church to lead in the emphasis of man's relationship to his Creator. The integration of this concept within the total life of the student becomes the special responsibility of the Church.

The period of professional training for social work is a period in which new understandings of the motivation of human behavior, the areas of deviation from the normal, and the use of self in the art of helpfulness open to him who searches. It is a period in which some long-held ideas and concepts are gradually yielded for others more scientifically and constructively oriented. But such learning does not happen in a vacuum—it profoundly affects the feelings, thought, and action of the student. If during this period the Church stands by, understanding the professional concepts, believing in the student, and by precept and example showing the integration of professional and religious concepts, the strength of the Church can become strength for the student.

Some Motivations for Choosing Social Work

If one is to be of service to students in schools of social work, it is essential to understand some of the possible motivations for choosing the profession and something of the theory and practice of social work. Motivations for the choice of any profession are exceedingly complex, with component parts sometimes at variance with one another. It may even be that, lost behind an outworn concept, a ready phrase, or a platitude, the true reason for his professional choice is not fully understood by the individual himself. It would seem well, then, to examine a few of the possible elements which lead to the choice of social work as a profession, for we can best minister to persons whose motivations we understand, at least to a small degree.

Some of the most powerful determinants can be defined in the area of the individual's feeling of social responsibility. One sees it in the individual's sense of relationship to himself, to others, and to the universe. Sometimes it is an untutored sense—sometimes it has been modified or strengthened

through planned experiences within home, school, and community. Fortunate is the student of social work who in his childhood has had the quality of affection and the spiritual guidance from parents that give depth and perspective to his concept of himself and the world around him. Students so nurtured in childhood in the ideals of the Church can bring to their professional training perspective and a sense of mission which can integrate their early training with the spiritual concepts of social work.

Even very young children may have innate response to the needs of others. Sometimes this response has been described as a parental instinct which moves naturally to protect, sustain, and teach the young and the unfortunate. Nurtured by training and experience, this wish to help can find fruition in service through a helping profession. In such a way, constructive use is made of feeling and conviction as a part of professional competence.

Closely akin to the student's acceptance of his social responsibility may be his wish to give and to share. Such a motive can be one of the most powerful factors for good in the practice of social work; one wonders indeed whether social work can be practiced in the fullness of its potentialities if this wish to share fails to be present. However, even so constructive an impulse must be directed in relation to the needs of the receiver, and the student of social work will need to be aware not only of the constructive power in the impulse to give, but also of the destructive power in a need to give which is so urgent that it stifles the receiver.

Because we have felt and experienced these values we understand why persons with feelings of social responsibility and those who rejoice in giving are drawn to the profession of social work. These are constructive forces which bring a quality of mercy (in its finest sense) and human warmth to professional service. It is more difficult to recognize that the wish to give can outstrip itself and become a professional handicap which smothers the recipient's freedom to choose and act for himself. "She is so generous" can be high praise or an indictment. Awareness of the possible power of such motivation is important to those working with students of social work.

An occupation which deals with leadership, guidance, or service to people presupposes that one has something to contribute—it may be money—or counsel—a point of view—knowledge—or a human relationship. Whatever it is the bestowing of it gives a sense of well-being and power. The wish for power, and for recognition of one's power, is fundamental in human emotions. It may find constructive or destructive expression, or both. We hear people say, "He wants to play God," implying his need to control is out of proportion to his usefulness. Or one hears, "He is beloved for his understanding," implying that power is being exercised to free people to live their own lives. There are those who would say that the great constructive and destructive motivation for social workers is the wish to have power over other human beings—the same has been said of the clergy, physicians, and educators. Certainly this impulse to fulfillment

of oneself is God-given and creative, but, like other creative power, the social worker must learn to use it in the service of another. Therefore, it becomes important for the Church to recognize how the wish for power over others may influence the choice of social work as a profession—and the necessity for using it wisely.

There are people in all the professions who have chosen them seeking answers for themselves. The restless, the confused, the questioning, may turn to a profession believing that answers to their own life-problems will come—and that in helping others they can forget themselves. However commendable may be the valiant search for answers to one's own life-problems, this search (until successfully dealt with) cannot be used as a source of professional help for others. In social work, service should spring from one's professional competence and personal stability—weakness and confusion which are unresolved in the personal life of the student form a poor foundation for professional development. We ourselves err sometimes in the advice we give to the lost and unhappy ones—we suggest that they enter social work—that the blind lead the blind across the uncharted fields of feeling and inexperience.

Deep within the life of all of us is the wish to create. We wish to think, to work, to feel, to plan—and to have our efforts crowned with exquisite handiwork. This too is a motivation worthy of the best of us and is the source of some of the greatest contributions to life. The social work student, looking at his own impulses and drives, may believe that within the practice of the profession of social work he can find fulfillment of his creative capacities, and we who counsel him may believe so too. Again the problem arises in how and why one uses this motivation. To seek to create others in our own images, or to seek to create others in the images of what we wish we were, is to deny for the individuals concerned their opportunity for self-fulfillment in favor of our self-fulfillment. The very special element of creativeness in social work is that it creates a milieu and relationship in which an individual or group can grow according to their own constructive life-impulses. It does not impose, but fosters. It is as the creator of a rose garden, who, in all he does, realizes from the first that the impulse to be a rose comes from within the plant, and not from the friend outside.

The students, then, whom the Church would serve have chosen their profession under the pressure of many and mixed motivations. Their inherent qualities as human beings, modified or strengthened by home, school, and community, have produced a galaxy of drives for fulfillment, resulting in the choice of social work as a profession.

Let us look briefly at a group of "typical" students—if any human being is typical. For instance: Why does this handsome, friendly G.I. son of a successful lawyer choose social work? Why does this thirty-year-old woman, orphaned since childhood, enter the field? What motivates the choice of this lovely girl from a sheltered home who has recently graduated

from an exclusive college? Here is a young man who did not like the insurance business; he has decided to be a social worker. Why? Why does this man who has struggled financially and mentally to earn his undergraduate degree push on now into professional training? This girl is active in her church and has been a counselor in summer camps. Why has she chosen social work instead of following her original ambition to be a medical missionary? Here is a young woman, known to be a leader, who has a steady record of social and academic success. She is well organized and works planfully. Why is she choosing social work?

If we are to be helpful, it will be well to question why these and others choose social work, and whether they can through social work find fullness of living for themselves, and contribute towards the search of others for the good life.

Professional Training for Social Work

We have mentioned earlier some of the basic principles underlying social work which are shared by the Church and social work. In seeking ways of implementing these principles for the people whom he would serve, the social work student seeks understanding of the world around him. His study includes sociology, medical information, elements of economics, psychology, and psychiatry. He studies social institutions, health and welfare programs, the relationship of welfare to other community services and the conditions existing in the lives of men. He learns ways of working with people and groups which help them deal with the things which are troubling them.

I have sometimes thought a social worker should live one life to achieve not only knowledge, but understanding and wisdom—and then in a second life do social work. Since the second life can't be, it remains for the student of social work to seek to incorporate knowledge, understanding, and wisdom into himself as rapidly and as thoroughly as possible. In the pattern of social work training, much of this is done through actual service to people under the skilled supervision of social workers.

This professional training is hard, hard work, which demands that the student unlearn many platitudes and attitudes, understand the dynamic nature of the human psyche, face up to the behavior and needs of people, including those damaged by life, and look carefully at himself in his role as a helping person. Most of us take many of the fundamental things in our lives for granted. We find it difficult to look beneath the surface of acceptance. Particularly difficult for the student is the necessity for facing himself, examining how his own feelings, attitudes, and actions affect those he would help. This is a new way of looking at things, and a frightening one. When one considers the needs and motivations which may have entered into the individual's choice of his profession, the new ways of looking at things which crowd upon him, and the demands for self-under-

standing made upon him by his profession, the importance of a sustaining spiritual life for the new way he must travel becomes apparent.

The way to professional functioning is further challenged by the limitations of human knowledge, and the imperfections as well as the strengths of all of us. There are students who, in the newness of beginning understanding, hoping they have found the answers, cannot face with equanimity the limitations they see about them. They find that as professional persons they can help some but not completely—there are limitations to professional competence. They come to see the people, or causes, or institutions they have idealized show the weaknesses and pettiness, as well as the greatness of man. Sometimes they despair, or become embittered, or doubt the strength of the goodness in men and in the profession. The old and patient wisdom of the Church which lives and lets live, and sees in the far reach of man's development a divine plan, can sustain at such a time, if the Church is near and is responsive.

How Then Can the Church Help?

To summarize, the question before us is "What does the student in a professional school of social work need from his Church?" The primary answer in terms of social work is understanding and acceptance. The further answer, particularly in terms of the Church, is faith—faith in the student's God-given power of growth—faith in the profession which was fostered by the Church. I covet for the student of social work the recognition by his Church of the values of the social work profession and the use of social work concepts within the Church. Likewise, I covet for him a congregational and a pastoral ministry which is informed about the profession and alert to the motivations, needs, and stresses which the student is meeting. The reassuring stable presence of the Church, which believes in God and man—and in the profession of social work—can give spiritual strength to those who search and learn.

It is hard to see one's child grow up—yet the mature parents who give the child freedom to grow keep a place in the heart and life of the child. I sometimes think the Church has found it difficult to see its child—social service—grow up. It has shown dismay when the child has incorporated new experiences within itself and has seemed to draw back. So the social worker has too often felt he was journeying alone toward the high adventure of understanding while his parent profession looked on askance.

In this connection one would wish that our theological training schools would find social work concepts useful in their training program for young ministers. Most importantly, this would give pastors an additional viewpoint and way of work in their ministry, but also it would bring understanding of social workers (young and old) to the Church. Is it too much to hope that such a use of some of the content of social work training might be possible in the future?

Not only, though, does the social worker need understanding and belief from the Church. He needs the teaching of its great concepts, particularly those identified with his profession. As the student social worker learns, and questions, and reorients himself, there will be periods of confusion and misunderstanding. Sometimes he may throw away some of the good with the outworn and useless parts of his previous thinking. Occasionally we may even find a young worker who seems to be learning to ply a trade rather than to practice a profession. In the sorting-out process, such a one, and others to a lesser degree, may have lost sight of the spiritual bases of his training, and may be substituting techniques.

Love and compassion for one's fellow man —
The power of the life force for good —
The search for truth which makes one "free" —
The history of social service within the Church —

These precepts taught by our great spiritual leaders can help the student to build his professional life and to hold on to spiritual values for himself.

Then there is an area which the Church and social work can explore together—the area of service to people. Too often our services parallel (or go counter to) each other—never meeting and merging in a common service to man. How can the social worker in a secular agency use the Church to the advantage of her clients? How can the social worker in the church-related agency correlate her work with that of the clergy? There is a great and exciting field of exploration before us when the Church and social work search side by side for the integrated use of their strengths in service to mankind. Fortunate is the student whose Church emphasizes a social ministry—and doubly fortunate is the student who learns how he can use the Church—and the Church can use him—in a ministry to mankind. The Church can welcome social work to this high endeavor of the search for mutual service, or social work can make the first approach. As a parent, there is a challenge for the Church to be the gracious leader.

In conclusion, many students in schools of social work are searching eagerly for a personal and professional philosophy of life which is great enough and generous enough to encompass the world unfolding before them. Their profession is based on spiritual values and demands a philosophy which recognizes life's purposefulness. Not all students will find their philosophy within the framework of the Church; some will, and in these the Church will rejoice. Others will use some, or many, of the Church's concepts. In these too the Church can rejoice, for they, the Church, and the people they serve will have been strengthened.

There is a great challenge to those of us who believe in the Church, and in social work, to bring them together for the glory of God and in service to man. When we as a Church truly serve the students in our professional schools of social work, we will have helped them grow "in wisdom and stature, and in favor with God and man."

THERAPEUTIC PROCEDURES FOR THE CHAPLAIN

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"Therapeutic procedures," as I employ the term in this paper, refers to the non-medical practices and processes which aim at the "treatment" of the person who is mentally ill or emotionally disturbed—hopefully to cure, but also to make endurable what is not yet curable; and, whenever possible, to receive the grace that redeems the weakness in illness and transforms the person in such a way that he can transcend his difficulty even if he cannot escape it.

I prefer to think in terms of procedures rather than "techniques," which is a word that implies a bag of tricks, perhaps even some kind of manipulation. *Application* of the procedures will vary with each individual chaplain, and helpfully so. Moreover, these principles are intended to apply to (or at least undergird) all phases of the chaplain's activities—in his interviews as well as in other relationships, in his being as well as in his doing.

As much as possible, I am using the adjective *therapeutic* rather than such nouns as *therapy* and *therapist*. At the present time these latter words enjoy, and perhaps promote, an extremely ambiguous status. "Everybody" is a "therapist" of this or that variety, and a department may feel slighted if not duly hyphenated or agglutinated. When the meaning of a noun is this widely diffused, it is in danger of losing its useful specificity, if not its actual identity, as a referent. The adjective *therapeutic,* however, properly focuses attention upon the nature and quality of the principles involved in any activity which aims at participation in the healing process. Within the hospital setting, *all* activities should be genuinely therapeutic; but just *calling* something "therapy" does not magically make it therapeutic. Indeed, to over-embrace the symbol may be one of the surest ways to under-assimilate the substance.

It may be that much of our present confusion about therapy derives from our experiences with somatic therapies, or at least somatic therapists—a cultural and personal conditioning to the doctor-patient relationship. When a person suffers from what we presently call a "physical illness," he consults a physician. The physician makes his examination and then prescribes treatment. In all this procedure, the relationship, spoken or unspoken, is characterized by the attitude: I am the doctor; you are the patient.

By virtue of being the doctor, I know what to do; by virtue of being the patient, you are to do what I tell you. The role of the physician is active; and that of the patient is passive, consisting only in doing what the doctor orders.

This attitude is so prevalent and so characteristic that, if I mistake not, it colors our entire approach to therapy. It is, I think, one of the reasons why doctors as doctors seldom make good psychotherapists, and why they have to unlearn a great many of the attitudes that are peculiar to a physician before they can do adequate psychotherapy.

Now I must hasten to add that not all these attitudes are peculiar to a physician alone. The clergyman also prescribes for the ills of mankind. No less than the physician, he is conditioned to say, "What you need to do is thus and so"; and his parishioner usually finds himself in the same predicament as the doctor's patient, namely, being the passive recipient of what is handed down.

I suppose that the procedures in both these instances may be described as therapy; at least they are intended to treat or to cure. But now we come to a radical difference. As most of us well know, most mentally sick people have not suffered from any lack of being told what they ought to do or even what they need to do. The question is pre-eminently one of *being able* to do what is needful. The role of the chaplain, then, becomes one of *helping them to become able* as well as to assist in the definition and clarification of goals. To enter into this kind of therapeutic relationship with the patient involves the active cooperation of the patient himself and an absence of the "I am the doctor" attitude on the part of the chaplain. And it involves the chaplain as well as the patient.

Now we have to ask ourselves, just what is it that the chaplain does *with* his patient?—and what is the nature of the process that hopefully results in healing?

We may begin by stating the general proposition that the efficacy of the procedure consists in the relationship and the consequent process of interaction between two or more persons. This is a relationship in which interaction takes place. But the aim, as I understand it, is not to provide simply *any* kind of reaction (though some people seem to consider themselves successful if they can get their patients "to react" in any sort of way at all). We have to keep in mind that some reactions can be harmful, others helpful. So we ask ourselves now, what is the goal of this relationship? What kind of action and interaction do we want to make possible?

What can hopefully take place in this relationship is communication. Communication is at the very heart of the therapeutic process. In fact, a strong case could be made for *therapy as communication.*

Communication involves both the patient and the chaplain. Let us consider the patient first.

The need to communicate is always present, and sometimes the patient even verbalizes this need. In some senses, we can say that a person becomes ill because communication has broken down—communication, that is, about the significant events and meanings in life.

The next question concerns what it is that needs to be communicated in the therapeutic situation.

Often what needs to be communicated is not known, or at least not fully known. However, inasmuch as we may ever say invariably, we may say here that invariably what needs to be communicated involves painful experience. I hasten to add that it is not simply the experience itself, but the individual's response to that experience and the meaning which it had for him. Very rarely this experience may be a single, so-called traumatic event. Far more frequently, however, it is a series of events which come to constitute a patterned response to life. Another way of saying this is that what needs to be revealed has been shut up within the individual. He has had to keep it to himself, or at least felt that he had to. He may retain a conscious memory of much of this material or it may be so painful to him that he has completely repressed it, or at least repressed his feeling-awareness of it.

The chaplain, perhaps more than the psychiatrist, will probably consider much of this shut-up material as something "sinful" in nature. That feelings of guilt and sickness are most intimately associated, all of us know. We also know what vast differences there are between actual guilt and feelings of guilt. Feelings of guilt, shame, unworthiness, and sin show strikingly similar clinical manifestations. In all of these feelings the common feature is the sense of separation, isolation, or alienation, if not from God then at least from one's self or from one's fellows. Sometimes even language involving the word "sin" is used to describe a state of feeling which very well may be something else.

Feelings of shame are quite frequently associated with a sense of being different, especially during the more formative early years. I have noticed this particularly with people who are very tall or very short. Sometimes the difference is far less obvious, such as being left-handed. What seems to be critical here in the development of basic patterns of response is the attitude taken by the significant people in life, most particularly parents. Such a simple and usual thing as left-handedness may be the occasion (though not necessarily the cause) for parents to pollute the atmosphere with comparisons with other people and color the child's behavior with moral connotations. For example, he is "bad" when he uses his left hand instead of his right one. In such instances, subsequent attempts at self-assertiveness, or otherwise "doing what comes naturally," or the difficult process of dealing with parental domination may give rise to feelings of guilt, shame, badness, or even sin.

These are a few examples of the kinds of painful events which may need to be communicated. I should like to try to make it clear that I do

not believe, however, that *all* painful details need to be rehearsed. What we are after is understanding the pattern of response to life rather than the infinite examples of it from the past. Moreover, this pattern can very often be determined by a perceptive study of the present situation. Indeed, the symptoms of a patient may be viewed as having a two-fold purpose: (1) his attempt to communicate to us what the trouble is, and (2) his way of dealing with this difficulty. The past history of a person's life is important to the chaplain only as it helps him and the patient understand the present. The past experience which has really caused trouble will show itself in the present. The more perceptive we are in reading the present, the more we shall understand what we need to know about the past.

When I use the word "present" as I am now doing, I refer to present overt behavior *and* present thoughts, feelings, and fantasies—in other words, whatever is presently available to the patient. The present thoughts and feelings may be about the past or even about the future, as in dread of facing the future. As we deal with this present material which is causing difficulty, we discover that the previously repressed material of an especially significant sort seems to have a way of clustering about it as though a fine selective process were constantly going on, winnowing the wheat from the chaff. Moreover, when we proceed carefully in this fashion (in contrast, for example, to ruthless probing), we may be reasonably sure of protecting the patient against the ravages of the full awareness of more painful material than he is able to handle at any given time.

In what I have just been saying, I have called attention to events which need to be communicated. At the same time I have used such words as "feelings," "attitudes," and "meanings," and already I have given some hint of what I should like now to make still more clear.

What is in very special need of communication is feeling. In fact, I have a strong impression that events are of importance only inasmuch as feelings have to be attached to something; and feelings are attached to events which are either real or imaginary, or distorted. It is not simply *what* has happened, but the *feeling about* what has happened which is important. And the feeling which emerges is, to push this subject further, often the result of the *meaning* of the experience. This fact seems to account for the wide variations in response in people who have experienced more or less the same objective events.

Ordinarily, a chaplain can handle the "facts" or content of past painful events more adequately than he can handle the feelings which are associated with them. Some of the feelings which are communicated may be of guilt or shame, as we have already discussed. But what may be much more difficult for the chaplain to handle are the feelings almost universally present of hostility, resentment, and bitterness. Moreover, these feelings, more frequently than not, are highly ambivalent in nature. Some-

times we do not discover how many positive feelings are at least potentially present unless the negative feelings are first brought into awareness.

As I have already indicated, I believe the communication of feelings and of specific feelings to be most important. When feelings are freely communicated, I begin to feel hopeful, whereas a dry recital of any number of events gives little basis for encouragement. We may almost say that the healing is in the feeling.

This, then, is what the patient needs to communicate: the feeling about and meaning of the painful experiences in life; and these have to do with the self, others, and God. In the process of such communication, both he and the chaplain may gain an understanding of his own patterned response to life.

Now let us talk about what the chaplain communicates—indeed, what he must communicate if the patient is to be able to communicate in the way I have suggested.

First of all, the chaplain communicates understanding, or more properly, the attempt to understand. *Complete* understanding on the part of the chaplain is not necessary, and perhaps impossible; but the attempt to understand needs always to be present. The chaplain should not try to give the impression that he understands more than he does. It may boost his ego considerably for him to think that he understands all things, though he does not believe all things; but this is a fraud which the patient is quick to detect. To understand all things is to be God; to try to understand is to make humanity more God-like in its purpose.

Thus, obviously, what the chaplain needs is not simply knowledge (though he indeed needs all the knowledge he can acquire), but rather an attitude and perceptive skill. If the chaplain does not understand what the patient is trying to communicate, he may very properly say, "I'm trying to understand what you mean here, and I would like to understand. Could you help me to understand a little better?" What often happens in such a process is that the patient himself comes to a more complete understanding as he communicates more clearly.

In this connection I should like to say a word about what is sometimes called "non-directive therapy." Of course, strictly speaking, no therapy is absolutely non-directive; it is always selective. The therapist selects what he responds to even though the response is in a non-directive manner. I prefer to call this a *reflective* type of response, or a process which is characterized chiefly by the chaplain's reflections of the *mood* of the patient. There is a vast difference between reflecting the words and reflecting the mood which the words and other behavior convey. Actually, so-called reflection of the words is not a reflection at all but only an echoing; and if the patient simply needs to hear himself talk (which indeed may not be too bad an idea on occasion) a tape recorder will do very adequately. In con-

trast to echoing words, a truly reflective statement catches the mood of what the patient is saying as well as his content. Actually, it provides an opportunity to check on whether communication is taking place. I myself do not attempt to try to follow any one method of interviewing. I think we have to fit whatever method we employ to the person whom we are attempting to work with, and as a matter of fact we may find ourselves utilizing quite helpfully several different so-called methods within the compass of one interview. I find the reflective approach most helpful in *establishing* communication with the patient, either at the beginning of the interview or at any time when I am not sure that I am "hearing" just what he is trying to communicate. Generally speaking, a patient will speedily correct an inaccurate reflective comment. I recall several occasions when patients have said, "No, that's not what I mean. What I mean is . . ." Thus it is not always necessary to ask straight out what a patient means (this can become rather interrogatory); nor is it necessary to say directly, "I'm sorry, but I don't understand you." A truly reflective comment is demonstration to the patient that the chaplain is at least trying to understand, and is working along with him.

Something else which the chaplain communicates is a degree of permissiveness. Absolute permissiveness is, of course, out of the question. But the patient should feel that he is permitted to say and to feel whatever he wants to within the therapeutic session. Limits may have to be put on other forms of action—for example, he cannot be allowed to attack the chaplain physically or to hurt himself, but the permissiveness to talk and to feel freely is extremely necessary for a patient who may need to "test" both the chaplain and some of his own ideas and feelings. Outside the therapeutic setting, this kind of permissiveness might get him into serious difficulty; but within the framework of the therapeutic relationship, it can be his means of learning, or perchance relearning, some of the things that are necessary for living as a social being. Moreover, such a permissive atmosphere may bring out significant material which may be examined and worked through.

The fact that the chaplain is permissive in this sense does not mean that he does not care what happens. Quite the contrary. He cares enough to give the patient adequate opportunity within a reasonably controlled situation for the communication of what needs to be communicated.

Another quality which the chaplain communicates is acceptance. Permissiveness and acceptance are used interchangeably by some persons, but to my mind there is a vast difference. I suppose the difference essentially is that permissiveness concerns a particular act, whereas acceptance concerns primarily the person. The concept of acceptance is so vast that, like the love of God, the more we experience it or participate in it, the more infinite we discover it to be.

Perhaps a great deal of the difficulty in thinking about acceptance comes from confusing it with agreement. Acceptance, rather, is the opposite of

rejection. Basic to acceptance is the kind of understanding we have already talked about. Basic, also, is a large compassion and a love for one's neighbor as one's self. The chaplain can accept the patient's feelings and the expression of them even though he himself may not agree with those feelings. But he accepts the fact that the patient has them and he seeks to understand them. The patient may express some ideas which the chaplain considers, and perhaps rightly, delusional or morally wrong. He does not have to agree with the patient. Indeed, to do so would help confirm the ideas; but neither does he reject the person bcause he has such ideas or feelings.

It is far more difficult to be fully accepting than it is to be permissive. To accept the person means also to accept what he is attempting to communicate, and to explore this communication with him at the right time.

Perhaps the most difficult part of acceptance is that we can scarcely accept in others what we cannot accept in ourselves. The beam in our own eyes hinders the removal of the splinter in the eye of our brother.

By this time, I trust it is clear that it is what the chaplain communicates which makes it possible for the patient to communicate what he needs to. If the chaplain can communicate an attempt at understanding, an appropriate amount of permissiveness, and that acceptance which is love, then it becomes possible for the patient to communicate those feelings and experiences which need to be communicated if healing is to take place.

Now we come to another phase of communication. This concerns not simply what has been, but what is to be.

I should like to introduce this part of our discussion by referring to the word *insight*. Insight is of various kinds. For example, a person may have insight into the fact that he needs help; also he may gain insight into the factors which were most important in producing his present pattern of response to life. The way I want to use the term now concerns insight into his present behavior, and more particularly insight into the goal or goals of his present behavior. In other words, what is he *after?* It is not sufficient, generally speaking, to understand *how* a given response to life got started. Sometimes, indeed, this may be impossible or not even necessary. We hold onto symptoms or patterns of response because they serve some purpose for us (unless perchance we have employed them for so long when they did serve a purpose that they have become a matter of habit even after the original purpose has ceased to exist). We have some goal; we are after something; we intend something. Of course, what we are after or what we intend is generally hidden even from ourselves; for this would usually be too painful for us to handle if awareness came upon us too suddenly. Indeed, what we usually say or even think we intend may be quite different from what we intend deep within ourselves. In the language of Paul, "I do not understand my own actions. For I do not do what I want, but I do the very thing I hate." (Romans 7:15)

Generally speaking, what is intended deep within ourselves is actually what happens. To come to the realization that we may really be working against ourselves or against others (and that this is part of what we intend) is naturally very anxiety-provoking. It is extraordinarily difficult to accept such things about ourselves. Indeed, it may be quite impossible to accept ourselves as we are unless we experience the acceptance by another person as we are. It may be, even, that we need to experience the grace of complete acceptance by another person before we are prepared to accept the acceptance which God extends to us.

When we get into the area of exploring what our goals in life are (this is to say: what our actual goals are, equals what we are after in our behavior), we may experience feelings of guilt which are in a different dimension from those which concern past behavior. Concerning the past, it is a matter of what I have *done;* but when we come to understand what we are after, this is a matter of what sort of person I *am.* Our response to this kind of discovery or insight may lead to the same sort of temporary despair about the self that Paul experienced when he cried, "Wretched man that I am! Who will deliver me from this body of death?" (Romans 7:24)

It is at this point particularly where we come closest to the large question of the transformation and redemption of life. The word of Pascal is apropos:

> . . . it is equally dangerous for man to know God without knowing his own wretchedness, and to know his own wretchedness without knowing the Redeemer who can free him from it. The knowledge of only one of these points gives rise either to the pride of philosophers, who have known God, and not their own wretchedness, or to the despair of atheists, who know their own wretchedness, but not the Redeemer.
>
> And, as it is alike necessary to man to know these two points, so it is alike merciful of God to have made us know them." (*Pensees,* Section VIII, No. 555, Modern Library Edition)

Another large question which emerges particularly at this phase of the relationship is the question of values, for we cannot consider goals without considering values also. Indeed, to have a goal is to have values, for our goals *are* the sum of our values. A knowledge of what we actually intend reveals to us what our actual values are.

Thus we are led inexorably into the area of evaluation. Here the patient has the opportunity to communicate most especially what we may call the positive side of himself. What does he *want* to be and to become, regardless of what he is now? What are his dreams for himself? (Dreams of this sort are at least as important as the nightmares of the past!) What does he desire to be *after* in the future?

Thus the "fight begins within himself," which is quite different from the fight against himself of the past.

At this time both the patient and the chaplain will be asking themselves what values are adequate and on what basis do we determine what values are adequate? And what resources are available to help one achieve these values? In other words, what is the place of religion as a practical, working force in life?

You will see, I hope, that earlier I did not attempt to mention everything that the chaplain can contribute to the therapeutic relationship, for now we have just been saying that he can contribute to the healing of the patient by communicating not merely his own understanding and acceptance, but the assurance that God also understands and accepts and helps.

Once again, when we reach this stage of the relationship, the question of freedom and responsibility assumes a new importance. A person who is blind has neither the freedom to see nor the responsibility of seeing; but once we see what we are actually doing, we become free to ask ourselves whether this is what we want to continue—a question which would be quite meaningless so long as we were blind. In other words, we become at last free to accept responsibility for ourselves.

I suppose the question we naturally ask now is something like this: How does this process differ from other therapeutic relationships? Not that so much, perhaps, as: What is the unique factor about the *chaplain's* entering into this sort of a relationship with his people?

Whatever other differences we may observe, either as individuals or as a professional group, we have to consider the unique factor of the chaplain himself; and thus we come primarily to an emphasis upon the person.

When I say the chaplain, I also refer to what the chaplain represents. And here we must talk primarily about what he represents to the sick person. Every person who enters into a therapeutic relationship responds at least in part to what the therapist (whoever or whatever he is) represents or symbolizes for him. And at various phases in the therapeutic process, the therapist may come to represent various significant persons in the patient's past.

By virtue of his profession, the chaplain has a two-fold symbolic meaning: he represents the divine, and he represents the church or synagogue; both God and man. Not merely man in general, but the culture in which man lives; more particularly, the judgmental and condemnatory part of man's culture as well as, or even more than, the means of grace.

Many sick people have been seriously hurt by their experiences in their culture, and some have been specifically hurt by their experiences in churches. Some have been seriously hurt by their distorted views about God, or, more properly, by the views about God which have been imposed upon them by others.

When such persons are able to communicate their deepest feelings to the chaplain (which means also that the chaplain's attitude is of such a quality as to make possible such communication), something happens which is different from what happens if the same feelings were communicated to some other person. In fact, the *what* varies with the *to whom:* though the same external *facts* may be communicated, I think we have to say that the feelings which are communicated about the facts or events depend greatly upon the person to whom they are communicated; and we have to say also that the *meaning* of the communication is different. So far as the therapeutic efficacy is concerned, it is reasonable to expect, as our own experience has demonstrated, that acceptance by "a man of God" can open the way to the acceptance of God's acceptance of us, and that acceptance by a representative of the church can lead to the hopeful possibility that our fellow men can likewise come to accept us and that indeed we can accept our fellow men. Thus what had been a weapon to hurt can in different hands become an instrument to heal. This is the deep truth of *Parsifal:*

> One weapon only serves:
> The one that struck can
> staunch thy wounded side . . .
> Be whole, unsullied, and absolved!

I would not leave you with the impression that the chaplain represents only God and the church. He represents also himself; and this vital, unique self of his is one of the most important qualities which he can contribute and communicate to his people. Although the chaplain is a professional person symbolizing or representing religion in both its human and divine aspects, his real worth will be lost if he becomes or remains only that. Primarily he himself must be a vital *person.*

Remembering that we ourselves are called to be vital persons as well as symbols will of course mean that there will be variations among us, and these variations and their interactions will hopefully lead to enlarged creativity. In an age when heavy pressures of conformity are upon us (and defining roles too narrowly is one of the more adroit ways of enforcing conformity), we do well to look at one of the great creative periods of the past, namely, the period of prophetic activity in the Old Testament. By virtue of being vital persons, these prophets did much to create their own roles; and the role, or at least the method, and to some extent the message, varied with the man. We need only remind ourselves of the extent of this diversity: Amos preached justice; Hosea exalted mercy; the first Isaiah called for holiness; the second Isaiah spoke God's word of "Comfort my people"; Jeremiah helped at least some people to believe God's promise to "write my law within them"; Ezekiel had the capacity to sit "where they sat" before attempting to speak for God; and Habakkuk, instead of essaying to speak *for* God, raised the cry of troubled souls *to* God, frankly questioning the Almighty and asking him what he was up to in this world that he had made.

The common element among the prophets is not to be found so much in the similarity of either their method or their message, but their uncommon sensitivity to the significant needs of people in their own times. That they could deal with the timely in a way that was timeless is their unique and lasting glory.

Our own role as chaplains very properly concerns us. We want to do our work as adequately as possible, both to the glory of God and in the service of mankind. We have an exceedingly rich heritage from the past, and an unparalleled opportunity in the present.

In this work to which we are called we need to be like the "householder who brings out of his treasure what is new and what is old." (Matthew 13:52) And we need, perhaps above all else, the higher wisdom which will enable us to discern and utilize not merely what is new or what is old, but what is abidingly true.

SOME GUIDING PRINCIPLES IN MARRIAGE COUNSELING

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When I accepted the invitation to open this Symposium [1] by presenting some guiding principles in marriage counseling I was not unaware of the difficulties that would beset one undertaking such a task. For nowhere that I know of is there an enumeration of such principles and there is little likelihood that a formulation of any set of principles would meet with general acceptance. It seemed clear that different religious, psychological, sociological, and other professional orientations would lead to different basic principles.

Another consideration which troubled me was whether it is wise to formulate and present a set of principles here, or anywhere else for that matter, since they would necessarily have to be stated with the utmost brevity and would perforce leave a great deal to the imagination. I was plagued by the question whether there was not the danger of some persons reading such a formulation and assuming that they are, therefore, qualified marriage counselors. There is also the question, will professionally trained counselors feel they need such a formulation?

Nevertheless, it seemed desirable that a beginning be made if we are ever to develop a body of common concepts and experiences which should be the groundwork of a professional orientation and practice in marriage counseling. I therefore decided to undertake the task and offer what is to follow as a very tentative formulation, subject to your comments and criticism and to further thought and study on my own part.[2]

1. *Flexibility and an Open Mind Are among the Most Essential Prerequisites for Marriage Counseling.* The foregoing means that the counselor

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[1] Based on material presented before the National Committee on Marriage and Family Counseling, National Council on Family Relations, Annual Conference, Denver, September 5, 1950.

[2] Dr. Karpf's formulation was the subject of discussion at one of the counseling sessions at the Annual Meeting of the National Council on Family Relations in Lake Geneva, Wisconsin, August 27-31, 1951.

should hold himself free from any preconceptions as to the cause of the difficulty, should not jump to conclusions, should avoid hasty and unwarranted generalizations and scrupulously avoid preconceived and ready-made solutions.

2. *The Counselor Must at All Times Maintain Complete Objectivity, Must Be Non-judgmental and Non-moralistic in His Attitude.* Many people doing family counseling, especially those who come to it with a definite religious orientation, find it extremely difficult to maintain the attitude called for in this principle. The problem of right and wrong is almost always present in such counseling and the counselor is hard put to it to avoid rendering such judgments and taking sides, particularly where extra-marital relations are involved or where other ethical and religious values enter into the conflict between husband and wife. Nevertheless, it will be clear that the counselor must eschew such judgments and must, furthermore, hold himself free from prejudice, if he is to win and hold the confidence of his clients, and if he is to be of help to them.

3. *The Problem First Presented by the Counselee Is Frequently Not the Most Important Problem.* This may be due to reticence, shyness, or initial lack of confidence in the counselor, or it may be due to a lack of insight and understanding, or to a lack of courage to face the facts on the part of the counselee. It is rarely due to a deliberate attempt on the part of the counselee to mislead the counselor. But it is important for the counselor to bear this principle in mind or he will be misled by the surface situation, thus making the problem much more difficult of ultimate solution.

4. *The Complaint of Sexual Maladjustment Is Frequently a Cover for Social and Cultural Incompatibility.* The counselor should bear in mind that our culture as manifested in the modern novel, drama, movies, radio, and periodical literature emphasizes the sexual factor in the relationship between the sexes. In addition, the psychoanalytic literature has stressed sexual adjustment as a *sine qua non* in adequate personal adjustment. Sexual incompatibility has come to be looked upon as little or no reflection upon the individual and marital unhappiness due to sexual difficulties is looked upon as something to be expected. In any event, it is frequently considered as less of a personal reflection than social and cultural maladjustment and may be resorted to as an excuse for an unwillingness to put forth the comparatively much greater effort required in a change in fundamental attitudes or a change in social and cultural values. Seizing upon sexual incompatibility as an explanation of, or as a reason for, marital difficulty is consequently in line with the current cultural trend and a natural tendency toward personal inertia. It must, therefore, be expected and guarded against by the counselor if he is to evaluate the situation properly.

5. *It Is More Frequently Possible for Sexually Maladjusted Partners to Live Happily Together When They Are Socially and Culturally Well*

Adjusted Than for Those Who Are Socially and Culturally Incompatible but Sexually Well Adjusted to Be Happy Together. This should not be misunderstood to mean that sexual adjustment is unimportant or that the counselor can afford to ignore or even underestimate its role in marital happiness and unhappiness. It is intended, rather, to call attention to the importance of the other factors. Attention should perhaps also be called to the fact that studies in marital adjustment, especially by sociologists and psychologists, such as those of Burgess and Cottrell, and the Terman studies, seem to bear out the importance of the social and cultural factors.

6. *A Marriage Which Has Little or No Foundation for Future Happiness Might Be Better Dissolved Early Than Maintained, Except Where There Are Children, in Which Case New Factors and Values Come into Consideration.* It will be obvious that the acceptance and application of the foregoing will differ with the counselor's religious orientation. If he is opposed to divorce on principle, then, of course, nothing can justify the breakup of a marriage. It need hardly be pointed out that the counselor must never take the initiative in bringing about the dissolution of a marriage. But he should be fully cognizant of the human values and needs in the situation and, except for the reservations indicated, should not throw his weight or use his influence to maintain a relationship that has little or no positive value for the marriage partners or any prospects for the future.

7. *A Good and Successful Marriage Is Both More and Less Than a Fifty-Fifty Arrangement.* Too many people have accepted the view that compromise is necessary in marriage but set rigid and arbitrary standards and limits as to how far they will go in compromising. It is essential to remember that an unyielding attitude anywhere, or a mechanical and fixed set of rules in what should be a fluid and easy relationship, may lead to disastrous results and that the art of adjustment lies in knowing when to yield and when not to yield. While give and take in marriage is a desirable ideal, it is sometimes better and wiser to give all or take all. The goal should be a flexible arrangement which will take into consideration values involved in the issues rather than a hard and fast line which must be adhered to regardless of the consequences.

8. *Unless and Until Otherwise Determined by Diagnosis of a Competent Psychiatrist, or Other Relevant Specialist, Counselor Should Assume That Counselee Is Normal.* Recognizing the ambiguity and the differences in understanding of the concept of normalcy, it is still safer for the nonmedical counselor to think of his client as temporarily beset by a combination of problems which are beyond him, and as in need of objective analysis and guidance, than to assume that his behavior is abnormal and proceed to spin fancy theories about the why's and wherefore's of his deviational behavior or that of the people in his orbit. Where these actions do not conform to the concept of normal behavior as commonly held, the counselor will do much better to seek psychiatric help than to determine

that his client is a neurotic or psychotic or to be even more specific in his diagnosis. Moreover, an attitude such as suggested in this principle will place the counselor on a par with other nonmedical professional people doing counseling, such as teachers, ministers, social workers, vocational counselors, psychologists, lawyers, etc., and will not subject him to the censure and perhaps even prosecution of the medical group which is jealous of its prerogatives and insists that the field of psychotherapy is its exclusive preserve. It will be better for the counselee too, because, should his behavior be due to some physical, mental or nervous disorder, he will be put in touch with a competent psychiatrist without losing what may prove to be precious time.

9. *The Counselor Should Utilize Other Professional Skills Early Enough to Be of Maximum Benefit in the Counseling Process.* This requires a recognition on the part of the counselor when a situation is beyond his professional skill and competence and the possession of a sense of professional security so that he will not feel that resorting to other professional skills would be considered an admission of incompetence. Failure to recognize his limitations may do incalculable harm to the counselee and may bring discredit upon the counselor. This applies especially to the use of medical, psychiatric and legal assistance as soon as the need for such assistance becomes evident.

10. *The Counselor Should Do as Much Listening and as Little Talking as Possible.* There is probably no single phase of the counseling process in which counselors differ so greatly as in the degree of their activity and permissiveness. The counselor must bear in mind that the interview serves several purposes, including that of providing a catharsis for the counselee. This is likely to be completely nullified if the counselee is not given the opportunity to talk freely and fully. Besides, if the counselor does too much talking he may stop the counselee from telling his story the best way he can, may give the telling of it a different and false direction which may mislead himself and his client.

11. *The Counselor Should Do Little Advising and Even Less Planning for the Client.* Here is another area in which counselors differ greatly. The range is all the way from the ordering and forbidding technique of the older, untrained social worker to the completely nondirective technique of the Rogerians. It is impossible to say what the correct procedure is, because it will depend upon the situation and the personalities involved. This, however, may be said with a fair degree of certainty: those plans are best which emanate from the counselee under helpful guidance and suitable stimulation. Furthermore, the counselee is much more likely to identify himself with and execute a plan which he, himself, has made than with a plan which stems from the counselor, regardless of how good and logical it may be.

12. *The Counselor Should See Both Partners, and Others, if Necessary, in Order to Obtain a Complete and Rounded-out Picture of the*

Situation. Psychiatrists, and more particularly psychoanalysts, prefer to see only the patient they are working with and, with few exceptions, will not see the other party or parties to the conflict. This is due mainly to two reasons: first, they are primarily concerned with the patient's adjustment and aim to aid him in obtaining his maximum self-realization; second, they believe that they will lose the patient's confidence if he knows that the other parties will be seen, and that he will fear lest his confidence will thus be violated. The marriage counselor, however, aims at treating the situation as a whole, as well as the person or persons involved and their relationship. He must, therefore, know the picture as it appears not only to the client who comes to see him but to all those involved in the situation. Hence he should feel free to see all of them when it seems desirable. He must be careful, however, to make it absolutely clear that confidences will be respected and under no circumstances must he reveal to one, directly or indirectly, what he has learned from another. This is at times extremely difficult and requires the utmost caution and self-discipline on the part of the counselor.

13. *Joint Conferences with Both Partners Can Be Helpful But Are Difficult and Extremely Dangerous and Should Be Resorted to Only after Careful Consideration and Planning.* Husband and wife may make the wildest accusations and say the most cutting things to each other without necessarily bearing a permanent grudge. Once these things are said in the presence of a third party, they tend to become fixed and take on a totally different significance and value. A joint conference can provide just the opportunity for either or both parties to say the things to the other which neither will forget because of the presence of a third party. The joint conference can, therefore, become the means of further separating the spouses instead of bringing them together. But it can also serve as a means for clearing up misunderstandings and teaching the husband and wife to talk over situations calmly and dispassionately. Hence it should be used but sparingly and with the utmost care.

14. *The Counselor Should Approach Every New Problem in a Spirit of Humility and in the Conviction That Regardless of How Similar It May Appear to Others in His Experience, It Must Be Studied and Treated as If It Were Totally New and Unprecedented.* This principle is anticipated, in part at least, in some of the others. But it is so important that it merits repetition and emphasis. The uniqueness of personalities and their interrelationships as well as the complexity and unpredictability of human interaction must ever be borne in mind. Besides, professional persons dealing with people in trouble must exercise the greatest possible caution lest they assume and act on the assumption that they are endowed with special powers of omniscience. It is difficult for them to keep from trying to replace God. It is well for them to remember and try to emulate the practice of one very good therapist who prayed each morning that he may conquer the temptation to play God and prayed each evening for forgiveness for having succumbed to the temptation.

15. *The Counselor Should Ignore or Violate Any or All of These and Whatever Other Principles He May Have When the Situation Demands It: But He Should Do So Only after Careful Deliberation.* This brings us back to the point of our beginning, namely, the need for an open mind and complete flexibility in point of view, approach and method, on the part of the counselor. This is the only principle that should be held inviolate and is a *sine qua non* for marriage counseling. Given a counselor with adequate training, an open mind, an appreciation of the value of the human personality, and a spirit of humility arising from the awareness of the inadequacy of our present knowledge regarding human behavior and its motivations, the counselee is in relatively safe hands.

16. *The Counselor Should Keep in Mind the Following as Some of the More Important Aims and Procedures in the Counseling Process:*

A. Elimination or Reduction of Hostility: The counselee is frequently oppressed by the feeling of hostility to the person or persons or situation which he believes to be responsible for his problem. It is important for the counselor to provide the opportunity and to encourage the fullest possible expression of this hostility because little constructive work can be done until the client frees himself from this feeling. This is sometimes referred to as ventilation of feeling or catharsis. A discussion of the means for achieving this must be left for another occasion.

B. Establishment of Rapport: Webster's *New International Dictionary* defines rapport as "harmony, conformity, accord or affinity, intimate or harmonious relation." Establishment of rapport means, therefore, the development of a close understanding and mutual dependence; the development of confidence on the part of the counselee in the counselor. The need for rapport is, of course, obvious if the counselee is to be willing to confide in the counselor and share with him the thoughts, problems and experiences which have arisen in the marriage relation—the most intimate relationship known to man.

C. Development of Insight And Objectivity: The third aim in the counseling process is to develop insight and objectivity in the counselee. This is perhaps the most difficult goal to achieve because emotional involvement, which is almost always present, precludes insight and objectivity. It certainly cannot be accomplished without a good rapport between counselor and counselee. Hence it must follow although it frequently may take place simultaneously with the establishment of rapport.

D. Reorientation: Once insight and objectivity are obtained it is not difficult to lead the counselee to a reorientation toward his problem or problems and the situation. This may mean the development of a new or different relationship to the person or persons involved; or it may mean the avoidance or a more courageous facing or transcending of conflictual situations, as the case may require; or it may necessitate changing one's role or behavior; or it may require reorganizing existing relationships. In a

sense this means reeducating the counselee so that he may be equal to the new conditions of life which he will have to face, and the requirements they will make on his resources.

E. Development of New Objectives: As a result of the reorientation, new goals will have to be envisaged in terms of the new relationship to be established. These must be related to the counselee's needs, his abilities and his resources, both personal and environmental.

F. Implementation: The new objectives and relationships will require ways and means of achieving them. These, in turn, will necessitate carefully considered plans for execution which will be based on all of the foregoing considerations. It may be well, in this connection, to call attention to Principle 10 and to emphasize again that, insofar as possible, all planning should be done by the client instead of the counselor.

The foregoing six elements in the counseling process are not independent of each other. They are, in fact, interdependent in time and psychological development and may be worked on, to a greater or lesser degree, depending upon the situation, almost from the first interview.

Attention was called in the beginning of this discussion to the hazards of formulating this set of principles. Reference was made to the danger of the unsophisticated reader assuming that after having been exposed to or even having read and digested these principles he can now safely engage in marriage counseling. It can only be repeated that such an assumption would be dangerous folly. Perhaps we can do no better that paraphrase with some important changes what Jan Struthers has written on the art of love.

The raw materials of guidance are yours
Fond hearts, native wit and mind in tune
And so, dear innocents, you think yourselves
Couns'lors, full blown?

Am I, because I own
Chisel, mallet, and stone
A sculptor? And must he
Who hears a skylark and can hold a pen
A poet be?

If neither so, why then
You are not yet couns'lors. But in time to come
By constant exercise of skill and wit,
By patient toil and judgment exquisite
With knowledge, wisdom and kindly heart
You may, my innocents, fashion
This desire, this ambition, this passion
Into a useful and healing art.

RELIGIOUS CONCERN IN THE PSYCHOSES

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What is the relation of religious concern to mental illness?

An understanding of this relationship depends upon one's ability to distinguish between a transient or superficial use of religious symbols, the consistent use of such symbols to communicate emotional problems, and the resolution of moral problems through positive religious concern.

The purpose of this paper is to indicate something of the significance of religion in 170 patients at Central State Hospital, Lakeland, Kentucky. These were patients seen on their first admission by one of the Protestant chaplains in the period 1951-1953. A majority of the patients were residents of an urban county in which the largest religious affiliation is Baptist. The interviews range from as little as one 15-minute interview to as many as 50 interviews of one hour each. The majority of the patients had two interviews: a short orientation soon after he entered the ward and a longer office conference in which the chaplain sought to establish a relationship with the patient and discover the function of religion in the life of the patient.

The Relationship of Denominational Affiliation to Mental Illness

One of the first questions that is often asked about the relation of religion to the psychoses concerns the denominational affiliation or preference of mental hospital patients. During the period 1951-1953, approximately 25 per cent of new admissions to this hospital were members of the Baptist denomination or stated a preference for that denomination. The next highest was 5 per cent Methodist preference or Methodist membership. The third highest preference was Christian, 3 per cent. Other denominations were represented by very small proportions of the sample.

Since the largest denomination in the State of Kentucky is Baptist, it is to be expected that Baptists would predominate in the mental hospital population. The significant relationship, however, should concern the

breakdown of psychoses according to denominational affiliation. A consideration of the classification of psychoses of 170 patients interviewed by the Protestant hospital chaplain indicates no relationship of statistical significance. For example, the number of Baptist patients classified as "paranoid schizophrenia" (23 per cent) is very close to the over-all average for Baptists for the mental hospital as a whole (25 per cent). The lack of any relationship between psychosis and denomination is further indicated by the fact that Baptist membership or Baptist preference is represented in practically all of the various classifications of mental illness. There were not sufficient numbers of other denominations to make figures statistically significant.

Denominational membership or preference as reported on hospital records is not diagnostically significant. The study of Eaton and Weil led to a similar conclusion:

> Our studies support the conclusion that religious convictions are likely to be important factors in the symptomatic manifestations of mental disorders, as well as in their treatment. If this hypothesis is correct, we should find differences in frequency and typology of psychotic symptoms by religious conviction rather than by formal affiliation. Orthodox Jews or devout Catholics should show different symptoms from those who are less orthodox in the same faiths. Such distinctions are likely to be missed in any study which breaks down cases into statistical categories based on formal rather than functional religious identification. In general, there has been adequate recognition in psychiatry of the fact that genetic, somatic, and psychological factors have a bearing on mental disorders. There is increasing acceptance of the theory that social relations are related to the manifestations of mental stress. The importance of culture, of the faiths, the hopes, and fears which are produced in group living and transmitted from generation to generation, also needs to be fully recognized.[1]

The Relation of Denominational Affiliation to Religious Concern

If it is granted that Protestant denominations show no statistical preference for any one psychiatric classification, then a second question may be raised: What is the relation of Protestant denominational affiliation or preference to religious concern?

In the following section, religious concerns will be subdivided into six "categories." These are used merely as a convenient classification. If the total percentages in each category are considered along with the denominational affiliation of one group—Baptists—the picture can be seen in Table 1.

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[1] Joseph W. Eaton and Robert J. Weil: *Culture and Mental Disorders: A Comparative Study of the Hutterites and Other Populations;* Glencoe, Ill., The Free Press, 1955. p. 217.

TABLE 1

	Total No. Patients	Baptists	
		No. Patients	Percentage
Long-term conflict: denominational clash	3	2	66.6
Precipitating factor	4	3	75.0
Ideational content	23	9	39.1
None: church member	40	20	50.0
Moral issues	7	2	23.6
Positive influence	20	11	55.5

A comparison of the percentages of Baptists in these six categories with the percentages of those preferring other denominations shows the difference not to be significant (from a X^2 test, $p = .70$).

Since the Protestant chaplains did not interview Catholic patients, no conclusions can be drawn concerning the Protestant-Catholic relationship to mental illness.

The Relationship of Religious Concern to the Psychoses

The present study of religious concern adopts modified classifications of that used by Professor Wayne E. Oates in his study of the role of religion in the psychoses.[2] In this study Oates divided the case histories of 68 patients into four classifications: (1) Long-term religious conflict, (2) Religion as a precipitating factor, (3) Religion in the ideational content, (4) The absence of religion in the psychoses. Oates' study was conducted in a state mental hospital on a case study basis over a period of ten weeks. The case material was developed by graduate theological students. The present study will differ from that of Oates in that two classes will be added to his system of classification: (1) Moral issues, that is, transgression of regulatory behavior and attitudes for which the patient accepts some responsibility either through internal or community pressures; and (2) the positive use of religion in the care and treatment of the patient. These two additional classifications are possible because the chaplain was employed over a sustained period of time and developed relationships that involved both patients and members of the staff.

Religion as a Long-term Cause of Psychoses

Oates found that 17.2 per cent of the 68 patients that he studied were characterized by long-term moral and religious conflict. The present writer found denominational clashes, which were classified by Oates under long-term conflict, in 1.8 per cent of the 170 patients whom he interviewed. Moral issues which required the assistance of the chaplain were present in 4.1 per cent of the patients.

The long-term conflicts reported by Oates are only half as frequent

[2] Wayne Oates, "The Role of Religion in the Psychoses," *Pastoral Psychology*, May, 1950, p. 35ff.

in this study as in his. This may be attributable to several factors. (1) The patients studied by Oates were in a predominantly rural environment, whereas those of the present study were in a predominantly urban environment. (2) Oates' study was conducted on an intensive case study basis, whereas the present study is based on routine pastoral interviews. (3) The selection of patients by Oates was on the basis of their willingness to relate themselves to student chaplains who went out to the wards. The present study is based on the consecutive interviewing, during a two-year period, of first-admission patients who have a Protestant preference. (4) Oates' students were less experienced and less intensively trained than the chaplain in this instance.

Religion as a Precipitating Factor in the Psychoses

Two and three-tenths per cent of this present group of patients presented some conflict with institutional religion as a precipitating factor in their mental illness. Oates found that in 10.3 per cent of the 68 patients which he studied religious experience had served to precipitate the illness. In the present study, clashes with institutional religion appear simply to have occurred when the personality disintegration became manifest. Causal relationship is highly dubious. For example, a 50-year-old patient joined the Baptist church at the age of nineteen. He talked to three ministers about the fact that he was possessed by the Holy Ghost. He became involved with the daughter of a deacon of one of these churches and felt called upon then to "clear his name" by preaching about the sins of the people in the church. When he began to do this, he was rejected by the church, and when he later became violent, he was hospitalized. The patient's entire delusional system now centers about the desire to "clear his name" and to marry his childhood sweetheart who he believes is with child by the Holy Ghost.

Religion as a Supplier of the Ideational Form of the Psychoses

The 13.6 per cent of patients in which religion appears to have supplied the ideational form of the psychoses were broken down into two categories: (1) 7.7 per cent revealed strong religious ideation persistent over a period of time; (2) in 5.9 per cent there was only an apparent religious interest; religious ideation was manifested only for a brief period of time. An example of this apparent religious ideation was shown in a 35-year-old Methodist woman who was singing religious hymns when she was admitted to the hospital. At that time she was entirely out of contact. She sang hymns alone in an isolation room for several days. When she was visited by the chaplain several days later, she accepted him as a minister and stated that she was a member of the Methodist Church. She also said that she sang in the choir and was quite active in promoting a Junior Choir in which her own children participated. The patient did not remember singing religious songs during her "solitary confinement." She was visited on several occasions by the chaplain, and on each occasion her religious

orientation was healthy. She spent these interviews speaking about conflicts with her children. It therefore appeared that, although there was marked religious ideation during an excited phase of the patient's illness, this was not of a consistently bizarre nature.

Opposed to this transient religious ideation is the long-term religious ideation which was apparent in 7.7 per cent of the patients. In some instances ideation of a fixed delusional nature appeared. For example, one patient consistently asked the chaplain, "How do you know whether or not voices come from God?" The patient would then repeat a story about hearing a voice which called him to be a priest. He said that this was impossible for him because he was a member of the Baptist Church. The fixed delusional nature of this man's psychosis was not observably changed either by his counseling with the chaplain or in three series of shock treatments.

Patients use religious ideation as the vehicle for expressing their emotional conflicts. Wayne Oates has pointed this out in his article, "The Diagnostic Use of the Bible." [3] As an example from the present study, a 35-year-old patient stated that he had had a visit from God in which the story of the fall of Adam and Eve revelation was that "wicked women try to get men to sin." The patient also spoke of a revelation in which a voice spoke to him out of a cloud and said: "I call no woman to preach." In the course of several interviews the patient began to speak of his marital difficulties. He felt that he had been betrayed by his wife and that now he was left alone. He felt a call to preach. As the interview continued the patient began to associate his desire to preach with the fact that he was a failure as a marital partner. He therefore spoke of his vision as a "comfort" to him in his time of distress. After several months the patient had gained enough insight into his emotional difficulties, or enough social control over his desire to preach, that he was able to go back to his father's farm. In this instance the ideational content of the story of Adam and Eve symbolized the patient's emotional difficulties concerning his relation to his wife.

Positive Benefits from Religion

In addition to the 7.7 per cent of the patients in whom religion supplied the ideational content of the psychoses, there were 11.7 per cent of the patients in whom religious ideation appeared to be of positive benefit. This does not mean that all these patients became well and went home because of their religious feelings, but religious symbols seemed to have a high correlation with the ability of the patients to meet the problems of living.

Six of the 20 patients in this category were diagnosed as "paranoid schizophrenia." Two of them were suffering from a "reactive depression." An illustration of the use of religion by a patient suffering from paranoid

[3] *Pastoral Psychology,* December, 1950, p. 43.

schizophrenia is the following: A patient, a woman of age 55, came to the hospital because of her marked delusions of persecution in relation to her daughter and son-in-law. In talking with the chaplain about the persecutions, the patient did not connect her feeling of persecution with her religion. Rather, she stated that in the midst of her persecutions she would pray to God to give her strength to hold herself together and not retaliate against individuals. It appears that the strength of her delusional system was held in check by her religious ideation. Therefore, for example, instead of trying to beat up one of the neighbors whom she suspected of poisoning her, she called the police because, as she quoted, "Vengeance is mine, saith the Lord." It was fortunate that the patient did not consider herself an instrument of vengeance for the Lord.

In an example of a reactive depression, there seemed to be a positive result after a grandmother had talked over her bereavement situation with the chaplain. She had been brought up as a staunch Lutheran and was faithful in attendance of her church. Three years before her hospitalization, her husband died. During his prolonged illness, the pastor had visited them every Sunday and had read over the morning's sermon. Her children were not interested in the Lutheran Church. Several of them had joined Baptist churches, and one of them was a Methodist. The children had rallied around her recently in the death of one of her sons. The patient felt a great deal of guilt because she had attempted suicide during her recent depression. She asked the chaplain to pray for her that she might really feel forgiven for having done this thing. In the course of several conversations she began to speak more about the outside world and her desire to return to the home of her son and take up her active household duties. Several months later, the patient was discharged as improved.

Direct Violation of Community Morality

Four and one-tenth per cent of the patients raised issues which involved direct violation of the regulatory patterns of behavior in their culture. These were classified as moral problems because (1) the patients were conscious of their deviation from community standards of right and wrong, (2) were wrestling with a sense of responsibility for this deviation, and (3) made this the central issue in their conversation with the chaplain. All persons in this category had grossly violated community standards concerning either sex or hostility.

In all cases the community had pronounced judgment upon the patients. Two had come to the hospital from prison where they were serving life sentences for murder. One was sent to the hospital by the courts after his wife complained that she was afraid of what he might do to her. Two had been convicted in the courts for moral perversion. One came in because of alcoholism. He was well known in the community for his sexual excesses which began at the age of seven when he attempted intercourse with a three-year-old girl. One was sent to the hospital instead of being tried on a bad check charge.

The chaplain was informed of the patients' violations of morality in various ways. In one instance the chaplain was requested to provide counseling that would clear up the "prison psychosis" of the convicted murderer, so that he could be returned to death row for electrocution. In all cases the patients raised a moral issue themselves.

Repentance was a theme in four of these persons' conversations. One patient constantly emphasized his "desire to lead a Christian life": "I have repented many times of my sin in being angry with my wife. I thought that she had stepped out on me, but it was just my imagination. Just a little love, or a pat on the back would have made things easier. But it was my fault, too. I was continually arguing with her, and they tell me that I also threatened her." Another patient could not remember killing his wife, but had been told of his deed by other patients and members of his family. He consistently maintained a loss of memory, but talked to the chaplain at length about moralisms, such as smoking and cursing. Only after the chaplain had accepted his confession of these minor sins, did the patient express vague feelings that perhaps his neighbors were right in accusing him of killing his wife. Another murderer moved through a confession of adultery, drunkenness, AWOL, and armed robbery to this level of insight concerning moral responsibility: "They say I killed that man. I was drunk and don't remember everything, but I know that I did not kill him. But I know I deserve to die. It was my own fault for keeping the company I did. If I had been home with my wife instead of running around with women and making deals with men as treacherous as myself, I would never have been in this mess. God has forgiven me for my sins. If he lets me live, then it will be a time for me to serve Him. If I have to die, I'm ready."

Two of the patients convicted of sexual perversion were more concerned about the community's judgment of them than they were about their sexual deviations. One found escape through a voice that told him that he was not guilty and that his case was being retried. The other freely admitted "buggery," but steadfastly denied responsibility for the specific act for which he was charged. He alternated between open confession of guilt feelings and denials that there was anything about which he should feel guilty. Another patient felt more condemned by God than by society. He was continually concerned about his impending death: "I have been mixing white and Negro blood. I caught a disease with a prostitute when I was fifteen, I think. I never told anyone about my attempt to do bad things to that little girl in the back of the store when I was seven years old. God has condemned me because of these things. He is punishing me. I will surely die." In the final case to be mentioned, a patient first talked about his guilt in passing bad checks, then about a feeling of responsibility for the death of a young girl who was riding with him when they had a head-on collision, and finally came around to a discussion of his hatred for his father. The patient had revolted against organized religion because his father was a very strict religious man. Once he had worked through some

of these feelings, he began to see his antisocial behavior as a method of obtaining revenge against his father.

The Absence of Religion in the Psychoses

Although the work of the chaplain may be significant with a number of patients who have religious interests, the largest number of patients admitted to the mental hospital have no particular religious interest. Of the 170 patients in this study, 66.4 per cent showed no particular interest in religion. Oates found that 51.5 per cent of the patients which he studied showed no religious concern. Out of the 66.4 per cent in the present study, 11.7 per cent said that they were members of some church. Another 11 per cent said, under questioning, that they had been members of a church at some time in the past; 18.9 per cent stated that they had some interest in religion, but were very vague; 24.1 per cent showed no religious interest whatsoever. Many of the patients were friendly to the chaplain, but they enjoyed his visits as a friendly member of the staff rather than as a pastor.

General Conclusions

1. Neither the particular Protestant denomination of a patient nor the fact of church membership as such was significant in the psychiatric diagnosis of 170 first-admission patients interviewed by the Protestant chaplain.

2. Certain persons who have been exposed to religious teachings or to church fellowship over a period of time may use religious teachings in the expression of their psychoses or may come into open conflict with a church group as the first break with society. Religion may be the language through which the patient seeks to communicate his emotional disturbances.

3. Patients who suffer from moral conflicts may use their religion in a constructive manner or may appeal to the chaplain to show them how they may resolve their moral difficulties. Transient religious interest, either of a bizarre or an inquiring nature, can be distinguished to some extent from a sincere desire to work through moral issues or to communicate the emotional conflicts that disturb the patient. Religious phrases may simply be the terminology used by a patient during an excited phase of his psychosis. At a later time, religion may be of positive benefit. Staff members must therefore not only distinguish religious symbols on the basis of what the patient wishes to communicate, but also in relation to the time when the symbols are used.

THE CONTEXT OF EFFECTIVE COUNSELING

HAROLD KENNETH FINK, PH.D.,
AND
GEORGIA ELISABETH FINK

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Of all counselors who deal with deep human problems, perhaps the minister can have the most ready access to large numbers of people at the points of change or crisis where they may recognize their need for help: the social and religious awakening of adolescence, the time of decision about a career, the wedding, the birth of a child, the period of serious illness, the death of a loved one. Of all counselors, perhaps the minister has access to the greatest variety of avenues of learning about many of the individuals who seek his guidance. Yet the role of minister also has its drawbacks which make some persons hesitate to seek his help on other than "purely spiritual questions" (if such there be), and its pitfalls for the minister himself as he seeks to guide his parishioners through periods of emotional distress.

One of these major drawbacks and pitfalls is that the minister is known to many of his followers primarily as an expounder and interpreter of the content of religious dogma. This is a drawback because disturbed persons may not seek his help, believing that the minister is more concerned about what they think than about what they feel; or if they come to him, they may expect advice, an answer, instead of a process of mutual searching and deciding which characterizes any good counseling relationship. The role as preacher and teacher can be a pitfall for the pastoral counselor because he may be tempted to give advice, an answer, seeing the problem as a disembodied moral issue rather than as an intricate, flesh-and-blood-and-spirit situation. In the counseling relationship, perhaps more than in any other aspect of his ministry, the pastor must know where the balance lies between the *content* and the *context* of religious faith.

An important step in assessing that balance comes in sensing and clarifying the difference between an individual's religious faith as personal experience and his religion as an organized group of people or a body of doctrines and practices: in other words, the difference between "faith" and *"The*

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Faith." Of course, no clear line can be drawn. Both faith and The Faith, content and context, are bound in one milieu of experience. We might say that faith is the experience of believing; that The Faith has to do with what is supposed to be believed. But a crucial point is that what is actually believed deep down (not just intellectually) is more determined by the context of the individual's emotional environment than by the content of the truths which have been presented to him.

Like all dichotomies stressed for the sake of study, content and context are at base inseparable. However, content is relatively static, something accumulated and stored, which can be assessed intellectually. Context is more intangible, but more dynamic and alive. It is like the difference between analyzing a conversation between two persons and really assessing the quality of the relationship between them. The two are interrelated, but wherein the conversation is most truly indicative of the relationship, it is the relationship which is prior, which gives significance to the spoken words.

This priority of context is true at all levels of personality development. The infant senses and reacts to the context of his parents' relationship long before language has any meaning for him. His relationship with his parents will help to determine the conscious and unconscious attitudes of the child toward the content of what he is taught to believe. If the child has a normal growth in self-awareness—with its constituent growth in insight, responsibility, and freedom—then the experience of believing is a truly creative process. Even if this consists mainly in accepting and affirming the content presented to him, he is still the dynamic agent in making it his own. If his relationship with his parents, on the other hand, does not encourage true maturity and keeps him insecure, then he may cling to the content of the parental faith without question because he dares not think for himself. As he grows older he may, in pseudo-independence, reject the whole thing. Pride in such "freedom" is characteristic of many "sophisticated" persons today. But the rejection of religious faith is usually not the result of thinking through, but of an emotional reaction against the parents. By maintaining that religious faith is unimportant, such persons forestall the necessity of facing the reality of their own inner poverty.

What a person believes, therefore, is not the first criterion of maturity. Two persons of widely different levels of personal development may ascribe to the same doctrine. The crux of the matter is how each came by this belief and why he continues to hold it.

All this bears upon the pastor's counseling relationships at many points. For one thing, the minister needs to know or learn what the context of the individual's emotional experience has been as a basis for understanding him as he is and for guiding him in the future. He needs to discover and interpret to his inquirer the long-term, inadequate pattern of living, not just the immediate crisis. In addition, the pastoral counselor must realize that the principle of context priority applies to the counseling relationship

itself. The facts which he is able to elicit or contribute, however enlightening or profound, are not as important as the interpersonal feelings which underlie what is said. In this connection the pastoral counselor must also guard against feeling, let alone expressing, attitudes of judgment and condemnation. As one experienced counselor told a young pastor: "You don't have to tell them you're against sin!" This raises a complex issue for the minister. In the pulpit he can and should judge, but most persons who come for counseling already have a deep sense of guilt which may become unbearable if the minister moralizes and condemns. One of the most poignant of Jesus' face-to-face relationships was characterized by the words, "Neither do I condemn thee, go and sin no more."

A realization of the priority of context over content in the counseling relationship will help the minister avoid the temptation to offer the quick solution of "This do"; or of camouflaging his own prejudices in the cloak of "Thus saith the Lord." Even when advice *is* appropriate in a relatively simple situation, the wise counselor will help the inquirer to decide to accept the advice not because of his say-so but because it is right for the individual's own needs. Such choice, or the more difficult process of helping an individual to decide for himself in a complex emotional situation, is essential if it is to be integrated into a positive growth pattern for the individual.

But the position of the pastoral counselor has many assets as well as some pitfalls. Not least of these is the recognition of the "Larger Context" in which the counseling relationship exists—a context much more conscious in the minds of both minister and inquirer than is usually true in other counseling situations: an awareness of the participation of God himself in the whole process. It is the task of the pastoral counselor to help to clear away obstacles so that others may have their own direct experience with God. It is not his task to control that experience at every point, or even to "know what's going on" at every moment. One Sunday School teacher learned this lesson when she asked a timid little girl if she would like to lead the children's prayer. The child agreed, but the words which came from the little bowed head were not clear. Afterward the teacher remarked, "I didn't understand you." The child replied, "But I wasn't talking to you!"

Conscious of the Larger Context of his counseling relationships, the minister needs to remind himself that often God gets there first. As Dr. David R. Mace expressed it in a lecture to prospective counselors: "What you have to do is create the right kind of atmosphere so that the voice of God within can speak to the individual."

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EDITORIALS

Intraprofessional Relationships

The survey of American theological education conducted by H. Richard Niebuhr and his associates sounds a serious warning to all who are involved in the teaching and practice of clinical pastoral care. These research men say:

> A special form of "isolationism" manifests itself in the schools when certain operational disciplines develop a separate existence of their own, not as specializations, but as speciously complete forms of theological education. At one time, in some places, religious education and social ethics moved in this direction. Now a similar tendency appears occasionally in the development of the study of pastoral counseling. In the former instances, theologies of religious education and of the social gospel were excogitated — with doctrines of God and man, of sin and redemption, of church and world derived from the special insights or dogmas of the new discipline. Now one hears echoes here and there of a kind of theology of pastoral counseling which appears to be developing in relative independence of the theology of the Bible and the church. Familiar words, such as redemption and reconciliation, crucifixion and resurrection occur in these specialized theologies, but they have acquired restricted and impoverished meaning in the new context. To be sure, religious education and social action were not separated from the rest of theology in all the schools, and separation is by no means the rule in pastoral counseling today, but the tendency in this direction is in some places unmistakable.[1]

This is a timely warning. This *is* exactly what happened in the twenties and thirties when religious educators were developing their discipline. They took their theological and philosophical cues from Dewey, Watson, and

[1] H. Richard Niebuhr, Daniel Day Williams, James M. Gustafson: *Theological Education in America,* "Isolation and Cooperation in Theological Education." Bulletin No. 3, January, 1955, p. 2.

others rather than from the New Testament, the Reformation theologians, and the "conservatives" of their day. At that time many theologians had themselves either exaggerated, or despaired of, man as man. They often became either arid liberals or fighting fundamentalists. In the inevitable scramble, religious educators had to shift for themselves, and, as a result, they discovered many new things which, however, have since been reoriented theologically by such men as Lewis Sherrill and others.

Today, in pastoral care, we are much more fortunate, because we have a few theologians, like Richard Niebuhr, who will warn us of the danger of "isolationism." Also, we have a few—among them Paul Tillich, Daniel Day Williams, Albert Outler, A. T. Mollegen, and the late David Roberts —who will come over into our camp and help us. We have received inestimable aid and insight from these co-workers who are secure enough in their own field that they can join in conversation with clinically trained ministers, psychotherapists, and the whole healing team. In these men we find reciprocal meeting. Through them theology itself has moved out of the theological Pentagon (or quadrangle coffee clubs) and into one of the arenas where the battle is being waged for the minds of men today. They have come over into Macedonia and are helping us.

The program of the National Conference on Clinical Pastoral Education, held in Atlantic City November 9-12, is an example of this kind of helpfulness and cooperation among our colleagues in the classical field of theological education, as well as of the concern of leaders in pastoral care for theological understanding. This program sets an example for every theological seminary. Local professors of theology should be asked to join with professors of pastoral care and clinical supervisors in hospitals, in hammering out a theology for pastoral care that is rooted in historical revelation. At the same time the classical theologian can well use the help of those whose interests lie in the field of pastoral care in facing up to the relevant questions being asked by our fellow members of the healing team, i.e., social workers, physicians, psychoanalysts, etc. The time is ripe for us to accept the warning of Niebuhr and return it in the form of a challenging invitation to a creative fellowship of correlation.

Those who formulated the Atlantic City program are to be congratulated, for, in addition to words of warning from our fellow faculty members who teach courses in theology, we need that they come over into Macedonia and help us. As we read the Book of Acts we find that it was in describing the event at Troas that Luke, the physician, first used the word "we," referring to his own joining with Paul. Many physicians have joined us as we explore new fields of application of the Christian Gospel. We hope that more and more of our fellow theologians will also join us. Paul Tillich and A. T. Mollegen, accepted leaders in their fields, have set a noteworthy example for other professors of theology.

W. E. O.

Recent Developments

The past year has seen a number of new developments in an area of general concern to this *Journal*. The Texas Medical Center has created an Institute of Religion under the direction of the Rev. Dawson C. Bryan. This Institute, in turn, has launched a very significant program of clinical pastoral training in cooperation with several nearby seminaries. In New York, due to a generous grant from the Old Dominion Foundation, the Union Theological Seminary is now offering special study and instruction regarding the relationship of psychiatry to religion, under the direction of a well-known psychiatrist, Dr. Earl A. Loomis. Out of Washington has come the announcement of three appropriations totaling nearly a half million dollars, which have been made by the National Institute of Mental Health to Harvard University, Yeshiva University, and Loyola University, to enable the development of mental health programs for their theological students. In Chicago, probably for the first time in our educational history, a professorship in religion and health has been established and the Rev. Granger Westberg appointed to fill the position. In Topeka, for the third consecutive year, the Menninger Foundation sponsored a Gallahue Seminar for Religion and Psychiatry; and the president of the American Psychiatric Association devoted his annual address to the same subject. In New York the National Foundation for Religion and Psychiatry opened a teaching clinic for theological students and clergymen. In the nation's capital a public symposium on the relationship of the two disciplines was sponsored by the Washington School of Psychiatry, in collaboration with the Washington Seminar on Religion and Psychiatry. During the coming spring a series of lectures by Martin Buber will be offered under the same auspices. And in New York the National Academy of Religion and Mental Health has been established by nationally known representatives of the two fields and has retained the Rev. George C. Anderson as its Director.

Undoubtedly there are other significant developments which we have failed to include above. But as we look over this list, we are impressed with the vitality, initiative, and promise which are being manifest at the present time in and between these two allied healing professions.

These developments are not sudden. They are the result of long study and research, of a deep interest on the part of representatives of both religion and medicine, and of a growing conviction in many quarters that these two great disciplines have much in common and need to develop mutual understanding and cooperation for the benefit of the people whom they serve.

What do these developments mean for the future? This we would not venture to say, except to point out their promise. Those who have been working in this area for the past several decades find some of their labors justified and their hopes bearing fruit. This *Journal* is glad to be a servant in a field where so much creative activity is under way.

C. A. W.

BOOK REVIEWS AND NOTICES

Edited By The Rev. Rollin J. Fairbanks

Crestwood Heights, a Study of the Culture of Suburban Life: John R. Seeley, R. Alexander Sim, and Elizabeth W. Loosley; Basic Books, New York, 1956. 505 pp. $6.50.

This is an important book. A team of sociologists spent five years intensively studying a suburb of Toronto. While its primary purpose was to investigate the mental health of the community, with incidental interest in the contribution which discussion techniques might make to mental health, it went into every aspect of suburban life—housing, family, school, clubs, camps, PTA, the role of the expert. Three of the team have written down their conclusions on the functioning of the suburb, in this sober and provocative volume.

The book lacks humor. In his Introduction, David Riesman chides its authors on this account. But, as is demonstrated by A. C. Spectorsky's *The Exurbanites*—a trivial book which will outsell the present volume 100:1—humor encourages authors to slip into satire or farce. *Crestwood Heights* is deadly serious.

The suburbs epitomize our North American culture: maturity values are taught, but success values are meant to be learned. Children are told to believe in humanitarianism, cooperation, and individuality, but taught to compete for material success and high social status. They are innoculated with just enough freedom to make them immune to disrupting attack in adult life. The child is expected to be gainfully occupied in the search for achievement of status at every age level, which prevents the wanton wasting of leisure.

The reason for these values is that success in the child validates success for the adult: the child carries much of the parent's hopes and aspirations on his back. Society has moved from being god-centered, through thing-centered, to man-centered; from dominance of theology through that of the physical sciences, to supremacy of the social sciences. Most men fail, by the standards of Crestwood Heights, and realize it by the time they are forty-five. Upward social mobility, if not validation of success, is achievable for the adult by the child.

In training the child to profess one doctrine and practice another, the school plays the major role. In today's suburb, the authors believe, the school occupies the position formerly held by the church. Instead of church instructing parents and teachers how to lead the child in the ways of virtue, the school trains children directly, and parents in their responsibilities toward the children. Moreover, the school deals with the social, ethical, and religious development as well as the intellectual growth of the child. Since one-third of Crestwood Heights is Jewish in background, this means that the school plays down the difference among religions and provides a major center for the celebration of Christmas.

More significant for organized religion perhaps is the view that the modern suburb is peculiarly susceptible to new beliefs and values. Its new members come from the city, frequently attracted by the excellence of its schools (cf. Winnetka, Scarsdale, Newton). They come separately, not in a body, and on arrival are questing for instruction in how to behave, how to dress, what to think. This furnishes the demand for beliefs. Supply is provided by the "experts," in this case social psychologists, psychiatrists, educational philosophers, etc., who have become the priests of the modern suburb, though without dogma or ritual.

The expert, however (in the view of these experts), has his own problems. Selection for social science may tend to concentrate among the neurotic and self-exploitive. In his professional relations with colleagues, life for the expert is intensely competitive and anxious. A safe and easy dominance can be easily established with the public which is hungry for "the word." In mining the gold of guilt, the expert meets his own inner necessities as much as he produces scientific answers. The public demand for the magic of the social scientist is insatiable. It is needed to take drudgery out of housework, and difficulties out of living, provide a few simple rules for bringing up tension-free but successful children, and for securing neurosis-dictated ends without the associated pains.

The foregoing compressed summarization may suggest the range of ideas in *Crestwood Heights*. It does not exhaust them. The book is not concerned with sexual behavior or delinquency, but some of the most provocative passages deal with the frustration of the housewife, trained for a career, but prevented from having one; and on the polar differences in ideology and action systems of men and women, which are in turn opposed in each sex.

It is not clear how accurately the community studied reflects the mental health of all American suburbs. One suggestion is that Miami, Ohio, has less low-grade anxiety, but tougher cases among the fewer (p. 408). It is clear that Crestwood Heights is idiosyncratic in the wealth of Toronto, the proportion of residents of Jewish origin, the inferiority complex which some Canadians possess, and doubtless in other ways. But much of what is described, particularly on the increase in the roles of school and expert, seem generally valid.

This reviewer is an economist, with an inadequate background in sociology, and much less appreciation of the community tasks of the new parish clergyman. It appears to him, however, that training in psychology, psychiatry, and personal counseling represents a development for the ministry which either is absent in Crestwood Heights or has as yet made no impact on the community. It would be of interest, therefore, to see a similar study of a community in which a significant role was played by religious leaders versed in the social sciences. Meanwhile, the suburban pastor and the theologian interested in service to the community have much in this study on which to reflect.

CHARLES P. KINDLEBERGER

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Love or Perish: Smiley Blanton, M.D.; Simon and Schuster, New York, 1956. 217 pp. $3.50.

During the past few months an increasing number of papers and books

have appeared which call urgent attention to the need for a more fundamental and extensive attack on the problem of man's hostility to man. Leon Saul, a psychoanalyst, has dealt with the problem in a most thorough and penetrating way in his book, *The Hostile Mind.* The two Overstreets have approached the problem in a somewhat different way in their book, *The Mind Goes Forth.* A former Senator, now Minister to New Zealand, has warned us in *Youth in Danger* that it is not the children but their elders who need to look at their value systems and come up with something better than they have acted upon in the past. Preceding all these by only a few weeks, Dr. Smiley Blanton, a psychiatrist, a psychoanalyst (analyzed by Freud), and a long-time associate of Norman Vincent Peale, has brought the whole problem of hostility and aggression into clear focus in his book, *Love or Perish.*

A psychiatrist might understandably be pardoned if he began an examination of this book with something less than enthusiasm, in view of the author's association with Norman Vincent Peale. However much the latter may be admired as a minister and an expert in public relations, his efforts in a field usually occupied by psychotherapy make most psychiatrists uneasy if not utterly alarmed. It comes as a very pleasant surprise, therefore, to find in this book precisely what one would hope to find in a book on such a subject by a warmly human and socially minded physician interested in far more than ministering to the needs of the confused and the mentally ill. Treatment is highly desirable and necessary both for the good of the individual and society. Prevention of mental illness by an analysis of its causes and constructive efforts that are thus indicated, is a vastly more important as well as a seemingly impossible task. Building positive mental health on a national and world scale seems easy in theory, but in practice even the harnessing of atomic energy seems simple in comparison. A nation can be impelled to action and heroism seemingly impossible when stimulated by hostility and fear. Appeals to the same individuals for heroic action in the development of affirmative ideals leads only to verbal approval or a shrug of the shoulders from those who believe that nothing can be done about human nature. For action on a large scale we look and wait in vain.

Dr. Blanton has brought out very clearly in his book the idea that psychiatry is just as insistent as is religion that love is the greatest of all forces tending to unite mankind. His insistence that we must forgive our parents for the injustices, both real and imaginary, that we received in childhood, that we must have faith in a power greater than man's, and that we must accept our own aggressive impulses as a natural and normal part of life, will probably be accepted by most religious leaders. His equally important assertion that mankind must learn that there is no inherently evil side to human nature will not be accepted in many quarters. In that lack of acceptance, or in the disagreements over what the statement may mean, lies one of the big opportunities for religion and psychiatry to learn how to cooperate for the benefit of suffering mankind.

DANA L. FARNSWORTH, M.D.

•

The Neuroses in Clinical Practice: Henry Laughlin, M.D.; W. B. Saunders, New York, 1956. 802 pp. $12.50.

In this volume we find a wealth of clinical experience and material pre-

sented for teaching purposes. The book is frankly a textbook, and its well-organized contents represent years of practice in both the therapeutic and teaching fields. As such, it will commend itself to those interested in the clinical pastoral teaching field who are constantly on the alert for further understanding and clarification about the difficulties people have with their living.

Of particular interest to the clergyman is the fact that the central thesis of the author's understanding of the neuroses appears to be stated in such words as " . . . the child who has not received warmth, acceptance, understanding, and affection will in turn be limited in his capacity to provide them for his own children." (page 599) Not only will such deprivation limit the individual's relationships with others, but it can and does so severely constrict his ability to function that psychotherapy becomes the only significant medium for constructive change.

Another valuable contribution to the field of the pastor's concern is the considerable time and attention the author pays to the problem of anxiety. This area is coming to be recognized more and more as problem number one in the field of human relationships, and any understanding which can offer clarification for this complex question is most welcome. The author has been quite successful in both his use of definitions and of illustrations to shed light on what has been a most confused area of interpersonal relatedness for the "layman."

There are many additional areas in which this volume makes a significant contribution to the concerned pastor. Its psychiatric orientation in the "school of interpersonal relations" is rather clearly recognized when the author suggests that sexual problems are most often the *consequences* rather than the causes of an individual's illness. It contains a wealth of clinical material as well as definitions. There is an extensive glossary of psychiatric concepts and terms, and a helpful section dealing with "Brain-Washing."

It is expected that this volume would appeal directly to the clinically trained and oriented clergy. It is an invaluable aid to the teacher attempting to make the dynamics of human interrelatedness clearer to those who are called upon to work with people. An excellent illustration of this is to be found in the section on "King David's Anger" (published in *The Journal of Pastoral Care,* Vol. 8, No. 3, Fall, 1954) which depicts graphically the workings of our "intrapsychic mechanisms of defense" in language understood by the pastor.

We are indebted to the author for the painstaking and exhaustive task of collating and interpreting a monumental mass of human "hurt" so that others may hopefully come to live more fruitfully in the future.

ERNEST E. BRUDER

•

Dimensions of Personality: H. J. Eysenck; Rutledge and Kegan Paul, London, 1947. 308 pp. $3.50.

The Scientific Study of Personality: H. J. Eysenck; Macmillan, New York, 1952. 320 pp. $4.50.

These two books have been needed in the field of scientific or academic psychology for some years, and the titles are extremely relevant. The particu-

lar expression of the scientific interest in personality in terms of its "dimensions," namely, its functional depth dimension, is excellent.

The many and un-coordinated researches being completed within the psychological framework propounded by the late Professor Charles C. Spearman of London University have long needed to be drawn together by a comprehensive study and given their systematic position and relevance. Dr. Eysenck has attempted this in very commendable style. How thoroughly he has accomplished his assignment will have to remain an open question for some time. Three journal articles, two English and one American, and not without some contributary significance, have not been included in the bibliography and hence may have been overlooked.

Similarly, a centrally planned inclusive research project having respect to the "consistency" of the whole "factor analysis" methods within the Spearman system of psychology was a waiting proposition for a patient and ambitious scientist in the functional, "depth" psychology (as against the phenomenal depth psychology of the psychoanalysts).

Neither of these books will prove popular reading. They are technical, academic, and of the laboratory in the severest sense of these terms. Furthermore, they are written in the careful, compressed and terse style and language, yet with infinite detail, of the thoroughgoing scientist. One cannot help but be impressed with the correct use of the right words for the particular approach within the particular science.

The whole work gives rise to the interesting observation that "depth" psychology would appear to have at least four particular expressions or to be of four types. There is the usually accepted school of "depth psychology," the phenomenal depth psychology of the psychoanalysts—a psychology based almost entirely upon clinical methods and findings and having relatively little to do with the others. There is the "classical" depth psychology of the philosophic approach, which expresses in varying ways the old "faculty" psychology, and which plumbs the depths of mental functioning by the logic of abstraction. There is the psychobiological depth psychology which finds the foundations of behavior and personality in the underlying biological instincts or urges or drives and in visceral and glandular patterns of the human animal organism and its abilities and capacities in its neural functioning. And finally, there is this "dimensional" psychology that academically relieves the existence of functional processes by the logic and methods of statistics and the intricacies of higher mathematics.

For most ministers these experiments and the discussion of their results can have little or no direct interest or value. For the advanced student in experimental psychology with a special interest in the scientific analysis of personality and who has found his vocational expression in the ministry of the Church, these books might well whet for a spell his academic and scientific interest, but they can have little immediate carryover into the practical everyday work of the pastorate.

KENNETH H. ROGERS

The Mature Woman (title of revised edition, *It's Never Too Late To Love*): Anna K. Daniels; Prentice-Hall, New York, 1953. 230 pp. $3.95.

The change of title of this book from *The Mature Woman* to *It's Never Too Late to Love* may represent a slightly belated realization on the part of the publishers of the kind of book it is and of the audience to which it might appeal. The original title, the author's M.D. degree, and the format of the book with a rather careful index by subjects at the end, might lead one to expect a book for the doctor, counselor, or psychiatrist. Actually, it is a completely "popular" book, written directly to and for the woman who is at or near the age of menopause. Under its new title it may catch the eye of some of these women who are troubled by the fears and worries which Dr. Daniels is seeking to dispel.

The book is short and very easy to read. Most serious scholars or practitioners will find it trite and annoyingly repetitious. Possibly some would find it a useful volume to put into the hands of a patient or client who needs "cheering up" at a difficult age. Dr. Daniels is a gynecologist, and undoubtedly is correct in her factual explanation of the physical and many of the psychological manifestations of the involutional period. Her straightforward illustrations by way of actual case histories are convincing and interesting to read. But the underlying philosophy of the book is that of exhorting the reader to "be good." For example, in discussing the problem of the other woman, the wife is advised that "she should immediately rid herself of all feelings of hurt pride, outraged self-righteousness and indignation." A nice prescription!

Under practically every theme discussed in the book are a set of "rules" or suggestions, usually tabulated. They contain some very shrewd and sound advice, mingled indiscriminately with platitudes, contradictory statements, and exhortations to the impossible. There is almost nothing new in the book, and while some of the material is sound, there is quite a bit which is contrary to good modern psychological understanding.

CYNTHIA C. WEDEL

•

The Color Curtain: Richard Wright; World, New York, 1956. 221 pp. $3.75.

There can be no doubt that the Bandung Conference must increasingly be recognized as the great milestone on the journey of Asia and Africa toward political maturity. On April 18, 1955, there met in Java representatives of the colored nations of the world to discuss their common problems and common destiny without the approval or guidance of the West. London, Paris and Washington were not invited and had no part to play in the deliberations. Though they expressed fear or disdain that such a thing could happen, none, except Mr. Dulles with his reference to the "so-called Afro-Asian Conference," was unaware of the significance of this meeting. But simple awareness is not enough. This turn of events in contemporary history must capture the imagination and change the atmosphere of the West, if we are to understand the implications of what transpired at Bandung. This Mr. Wright has attempted to do, and has succeeded admirably. As a colored American he was enabled to enter the councils of his fellow colored world-citizens in ways denied white Westerners. In phrases that reflect his literary and dramatic skill he brings us into the thinking of delegates who, for the first time in centuries, breathed the air of freedom and hope. Once started, this book is not easily

put down, for one is not often given the privilege of so intimate an introduction to the personalities of Nehru, Chou En-lai and U Nu, and we Westerners need the help of the artist as well as the news reporter, the diplomat and the political scientist to give us a balanced view of these Eastern giants. Mr. Wright sees religion and race as a main current influencing the unity of Bandung. Though his estimate of the nature of Christianity leaves much to be desired, and he is perhaps weakest in his understanding of its mission, he is notably right in portraying the extent of the racial and religious forces that are drawing the bulk of colored humanity into unity of thought and action. The account, more like a novel than a documentary report, gains in intensity with every page and leaves one subdued and breathless at the end. Our local and national problems are not dwarfed by this look into world events. They suddenly jump into grim and stark focus and the reader faces the future with little assurance or confidence.

JOHN MELVILLE BURGESS

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NOTES AND COMMENTS

The Boston University School of Theology and the Pastoral Counseling Service held their Fifth Annual Workshop on November 5. The keynote address, "The Growing Edge of the Relationship of Physicians and Clergy," was delivered by the Rev. Russell L. Dicks. Seminar groups were led by Dr. Elizabeth S. Makkay, Miss Marjorie Kettell, Dr. Andrew D. Elia, Dr. James F. Kenney, the Rev. Norman J. O'Connor, Dr. Harry C. Solomon, and Dr. Erich Lindemann.

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The Rev. William B. Spofford, Jr., has been appointed Protestant Chaplain at Massachusetts General Hospital in Boston, to succeed the Rev. James H. Burns, who has joined the staff of the Massachusetts Council of Churches. Chaplain Spofford, who is a graduate of Antioch College, received his theological degree from the Episcopal Theological School in Cambridge and also a Master's degree in social casework from the University of Michigan. He has been serving as Director of the Western Division of the National Town-Country Church Institute since 1953. He is accredited by the Council for Clinical Training.

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The Department of Health, Education, and Welfare of Saint Elizabeths Hospital, Washington, D. C., began on October 1 a twelve-week course on "The Pastoral Care of the Mentally Ill" for Washington clergymen. Sponsored by the Washington Federation of Churches, Department of Christian Education, and taught at Saint Elizabeths Hospital, the course is designed to help the busy community clergyman develop a more effective pastoral ministry, both to his parishioner who is ill, and to the members of the patient's family. This is the eighth such course given at the Hospital through the Federation.

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The National Council of Churches of Christ in the U.S.A. announces that the Rev. Mark Shedron assumed the duties of Executive Director of the Department of Pastoral Services on August 15. He succeeds the Rev. Otis R. Rice.

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An Institute on Psychology and Religion was held in Montreal October 30, under the auspices of the Faculty of Divinity of McGill University and the Extension Department of the Montreal Diocesan Theological College. The Rev. Kenneth H. Rogers served as Director, and the Rev. A. J. MacLachlan was guest lecturer.

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The Ministers Research Foundation, Inc., 11941 Wilshire Boulevard, Los Angeles 25, California, provides an established scholarly research service for the use of Protestant pastors and church leaders, supplying essential materials, studies, and counsel for stimulating church programs.

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The International Conference on Spiritual Therapy met at St. Stephen's Episcopal Church in Philadelphia, September 16-19, under the auspices of The Order of St. Luke the Physician (International).

A worthwhile pamphlet entitled *Becoming a Person* and written by Carl R. Rogers, is now available upon request. Write to The Hogg Foundation for Mental Hygiene, University of Texas, Austin, Texas.

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Widely separated viewpoints on the question "What Can the Church Teach Young People about Drinking" were presented by representatives of the major religious faiths at the Second Annual North Conway Institute held at Stonehurst Manor June 18-22.

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Public Affairs Committee, 22 East 38th Street, New York 16, announces the publication of a pamphlet entitled *Coming of Age* by Paul H. Landis. Dr. Landis attempts to help both teen-agers and their parents to understand more fully the changes in their relationships which are inevitable as young people enter the threshold of adulthood. Price, 25 cents.

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The Episcopal City Mission Society of San Diego has announced the appointment of the Rev. Charles C. Howse as a Chaplain. The Rev. Mr. Howse was formerly on the staff of Emmanuel Church, Boston, and also served at the Pastoral Counseling Center in Boston.

A new 50-cent paperback series of religious titles, to be called "Reflection Books," will be issued on Ash Wednesday 1957 by Association Press, it has recently been announced. Directed to the average church-goer, both in editorial content and distribution plans, Reflection Books will deal "with aspects of the Christian faith and Christian living in a substantial, serious but popular way," according to James Rietmulder, Press director. The series will include full reprints of in-print and out-of-print literature, originals, and condensations.

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A Personal Counseling Clinic "for anyone who wants help in dealing with personal problems" has opened at the First Congregational Church, Port Huron, Michigan. Counselors are Hugh Shelby Lee and Oliver B. Francisco. The Rev. H. Walter Yoder serves as Consultant.

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A new Family Worship Department to be headed by Mrs. Milton Randolph is announced by Dr. J. Manning Potts, Editor of *The Upper Room,* a devotional guide published at 1908 Grand Avenue, Nashville, Tennessee. The new Department, which will be devoted to furthering the establishment of family altars and family devotions, will seek to work especially with women, young adults, and young mother's organizations.